

ROYAL HOSPITALS

HOSPITAL No.

364247

## CASE NOTE DISCHARGE SUMMARY

Dear Doctor .....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

.....

Referral No.

Contract No.

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

Patient's Name \*Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name ..... Adam Stein

Address.....

.....Postcode.....

D.O.B. / / Ward ..... Male\* ☐ Female\* ☐

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	2.9.94		4.9.94
CONSULTANT NAME	Dr Savage		
WARD	Musgrave		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>		CODE
OTHER DIAGNOSIS	Chronic Renal Failure	
OTHER DIAGNOSIS	Peritonitis	
OTHER DIAGNOSIS	Urinary infection	

	DATE
PRINCIPAL PROCEDURE	Pentoneal Dialysis
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

## DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
Usual Drugs			
+ Keflex Ciproxin	150mg BD	1/52	

COMMENTS

Admitted with P.U.O. Dialysis fluid +  
blood culture negative Postur MSU Rx Ciproxin  
Keflex Ciproxin

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements .....

Further Summary Letter Yes ☐ No ☒

Yours sincerely .....

J. Maurice Savage

(signature) Date

2.11.94

Name in Block Letters.....

J.M. SAVAGE

Consultant ☒ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Complications 1.

2.

AS - ROYAL

057-094-169