[redacted]

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
180 Falls Road, Belfast BT12 6BE
Tel: (0232) 240503 ext:

OUT PATIENT'S REPORT

PATIENT DETAILS

UN: 364377
Name: Adam Strain
Address: [redacted]
DOB: 4/8/91

G.P. DETAILS

Name: Dr Scott
Address: Brooke St
Holywood.

Contract No:

Referral No:

CHI No:

Dear Doctor,

Your patient had an appointment at the Dialysis Clinic 11/10/94 Clinic on / /

Attendance Details.

New	Review 1st	2nd	3rd	4th +

Source of Referral.

A/E	Self	G.P.	Tertiary	Other

ICD9/Clinic Code:

Clinical Comments.
Clinical Diagnosis: Recently commenced on home [illegible]
On 5 nights/week

Procedure Performed:

Recommended drug/treatment: Letter to follow

Future Management.

1) Has been placed on a waiting list YES/NO FOR:
2) Required urgent in-patient treatment and will be admitted on:
3) Requires a further appointment FOR: Dialysis Clinic 4/12
4) Is satisfactory and has been discharged to your care: YES/NO
5) Tertiary referral made to:
6) Did not attend - further appointment issued. YES/NO

Yours sincerely,

Consultant in Charge: JH SAVAGE

Grade:

SHO	REG	SEN REG	CONSULTANT

Further detailed correspondence to follow:

YES	NO

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH SERVICE TRUST

PLEASE USE BALLPOINT PEN ONLY

057-095-170

White Copy - to G.P. : Green Copy - Chart Copy : Yellow Copy - Tertiary Referral : Pink Copy

AS - ROYAL