[redacted]

ROYAL HOSPITALS

PHARMACY COPY

HOSPITAL No.

Dear Doctor ..... Scott .....

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 Strain

Address [redacted] .....

..... *Postcode* .....

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

⇧ *Please place addressograph label here on all 4 sheets* ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE			
CONSULTANT NAME			
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	Gastrostomy exit site infection Pseudomonas aeruginosa	CODE
OTHER DIAGNOSIS		
OTHER DIAGNOSIS		

		DATE	
PRINCIPAL PROCEDURE			
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
1) Gentamicin topical oint	apply	BD.	
2) Ciprofloxin.	125mg (½ tab)	BD.	

COMMENTS

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements .....

Yours sincerely ..... *(signature)* Date 9/11/06

Name in Block Letters..... Further Summary Letter Yes ☐ No ☐

Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Signature for Pharmacy .....

058-018-051

AS - ROYAL