

DATE INTED: 13/04/2000

USER ID: JL

ROYAL GROUP OF HOSPITALS, DENTAL HOSPITAL AND HSS TRUST

PATIENT IDENTIFICATION SHEET

----- PATIENT DETAILS -----

SURNAME: CRAWFORD

FORENAME: LUCY

PRE SURNAME:

TITLE: MISS

DATE OF BIRTH: 05/11/1998

ADDRESS: [REDACTED]

CASENOTE NUMBERS:

CH 461358 - RBHSC LIB.

NHS NUMBER:

MARITAL STATUS: SINGLE

SEX: F

WORK TEL. NO.:

WORK TEL. NO.:

OSTCODE: BT74 9SH

DHA: Western Board

OCCUPATION:

RELIGION: [REDACTED]

GP NAME:

GP ADDRESS:

NOK NAME: MRS CRAWFORD

RELATIONSHIP: MOTHER

ADDRESS: [REDACTED]

POSTCODE:

GP TEL. NO.:

GUARDIAN:

ADDRESS:

POSTCODE: [REDACTED]

HOME TEL. NO.:

WORK TEL. NO.:

POSTCODE:

TEL. NO.:

ADMISSION DATE: 13/04/00

ADMITTED UNDER CONSULTANT: DR P.M. CREAN

REVIOUS ADMISSION/OP REFERRAL DETAILS:

AGE OF DIS/OP REFERRAL	STATUS	SPECIALTY	CONSULTANT
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PRIMARY DIAGNOSIS

PRIMARY PROCEDURE

DIAGNOSTIC AND PROCEDURE DATA IS PROVIDED FOR GUIDANCE ONLY