DATE INTED: 13/04/2000 USER ID: JL

ROYAL GROUP OF HOSPITALS, DENTAL HOSPITAL AND HSS TRUST

PATIENT IDENTIFICATION SHEET

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

CASENOTE NUMBERS:
CH 461358 - RBHSC LIB.

SURNAME: CRAWFORD
FORENAME: LUCY
PRE SURNAME:
TITLE: MISS
DATE OF BIRTH: 05/11/1998
ADDRESS: [redacted]

POSTCODE: [redacted]
DHA: Western Board
OCCUPATION:
RELIGION: [redacted]

NOK NAME: MRS CRAWFORD
RELATIONSHIP: MOTHER
ADDRESS: [redacted]

POSTCODE: [redacted]
HOME TEL. NO.:
WORK TEL. NO.:

NHS NUMBER:
MARITAL STATUS: SINGLE SEX: F
WORK TEL. NO.:
WORK TEL. NO.:

GP NAME:
GP ADDRESS:

POSTCODE:
GP TEL. NO.:
GUARDIAN:
ADDRESS:

POSTCODE:

TEL. NO.:

ADMISSION DATE: 13/04/00
ADMITTED UNDER CONSULTANT: DR P.M. CREAN

REVIOUS ADMISSION/OP REFERRAL DETAILS:
ADE OF DIS/OP REFERRAL STATUS SPECIALTY CONSULTANT
PRIMARY DIAGNOSIS
PRIMARY PROCEDURE

DIAGNOSTIC AND PROCEDURE DATA IS PROVIDED FOR GUIDANCE ONLY