

Falls Road,
Belfast, BT12 6BE
Tel. 01232 240503

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

~~21352~~ 32877

Discharge/Transfer Advice Note

Dear Doctor H. C. Hillen

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.

Your Patient *Mr ☐ Mrs ☐ Miss ☐ Ms ☐Name Blaine Robert

Address.

Postcode.

D.O.B. 10/01/87 Ward Knox Male* ☐ Female* ☒

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>21/10/96</u>	<u>22/10/96</u>	
CONSULTANT NAME	<u>H. Steen</u>	<u>H. Steen</u>	
WARD	<u>ALLEN</u>	<u>ALLEN</u>	

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>	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

COMMENTS	Method of Admission	
	Emergency	
	Waiting list	
	Outpatients	

Review Arrangements Further Summary Letter Yes ☐ No ☐

Yours sincerely (signature) Date

Name in Block Letters..... Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

Signature for Pharmacy

USE ONLY A BALLPOINT PEN - PRESS HARD