Please fold and seal this section overleaf before giving to patient for completion.

Name of Patient: CLAIRE ROBERTS Date: 9/5/87

Dear ~~Dr./Mr.~~ David,

I would appreciate it if you could test the hearing of this 9/12 girl who suffers from Fits and attends Dr Hicks — Medication Epilim.

She has failed the hearing test carried out by the H.V. on 2 occasions.

Thanks,

Yours sincerely,

Kyra Hanghan.

Fold Here

Please fold and seal this section overleaf before giving to patient for completion of form and fill in top

Details of Drug Therapy and known Sensitivities	Doctor's Name: DR. W. P. MCMILLIN Address: COLINVIEW, 220, KNOCK ROAD, BELFAST, BT5 6QD. (Rubber stamp recommended)

M.R. 48

D8877510 100m 5/87 Gp 14672 N&K

CR – RVH

090-017-031

REQUEST FOR OUT-PATIENT CONSULTATION/EMERGENCY ADMISSION*

FOR DOCTOR'S USE ONLY

Clinic requested: E.N.T

of Dr./Mr. D. ADAMS. NORMAL. ~~*Non-Immediate~~

If patient has attended THIS hospital before,
HOSPITAL NUMBER (IF KNOWN):

HEALTH SERVICE NUMBER:
(Shown on Patient's Medical Card)

*Please arrange for my patient to be given an appointment at the clinic shown.
*Please arrange for my patient's immediate admission.
*An ambulance is not required/is required on medical grounds.
*Sitting case/stretcher case.

*Delete as necessary

FOR HOSPITAL USE

Clinic:

Date of appointment:

Time:

TO BE COMPLETED BY THE PATIENT (Block Capitals)

This form when completed must be sent to the Hospital. You will be notified by post when to attend.

Surname:
~~Mr./Mrs./~~Miss

Surname at Birth: ROBERTS

First Names: CLAIRE MARGARET

Telephone No. [redacted]

Address [redacted]

Date of Birth: 10/1/87

Occupation or School:

DETAILS OF PREVIOUS HOSPITAL ATTENDANCE

1 At the Hospital to which you are now being referred
(a) Date and Year: October 19.87
(b) Hospital No. (if known) 328770
(c) Consultant DR Hicks
(d) ~~Clinic~~ or ward ALLEN

2 At any other Hospital in Northern Ireland
(a) Hospital DUNDONALD & ROYAL BELFAST
(b) Date and year JULY 87 - SEPT 87
(c) Hospital No. (if known)
(d) Consultant DR GLEADHILL & DR HICKS
(e) Clinic or ward AIKEN NURSERY & ALLEN WARD