

THE ULSTER HOSPITAL  
Dundonald BELFAST

Tel. No.

Dundonald 4511

Affix label here or enter

Dear Dr. *McMullen*  
Re:

Name *Chaise Roberts*

Address *[Redacted]* Unit No. *87/06831*

*Belfast 6* D.O.B. *10-1-87*

Your Patient was examined/operated/on:

Operation Performed:

Provisional Diagnosis:

Treatment Advised:

*Febrile Convulsion*  
*20 to chest Infection.*  
*Amoxil 625mg T.I.D for 6 days.*

Date Discharged *26/7/87* Follow-up Appointment *6/82*

A full report will follow.

Ref. 22/1/62

Yours sincerely,

*[Signature]*  
PR SHO.