TAYSIDE HEALTH BOARD—DUNDEE DISTRICT

Telephone - 0382 23125
Your Ref
Our Ref JPM/JPA 06 08 69 0333
Enquiries to:—

ROYAL INFIRMARY
DUNDEE
DD1 9ND

20th August, 1985

Dr. J. Rose,
Wallcetown Health Centre,
Dundee

Dear Dr. Rose,

DOUGLAS MACKIE, 40 COTTON ROAD, DUNDEE

This 16 year old boy was seen in Casualty on 14th August, 1985 following an inversion injury to his left ankle.

On examination there was a tender boggy swelling around the lateral malleolus and x-ray examination showed him to have slightly widened distal fibular epiphysis. He was treated with a wool and crepe bandage and instructed to keep his foot elevated.

On review at Trauma Clinic today he has an area of persistent tender swelling to the left lateral malleolus. His x-rays have been reported as showing a I type fracture. I have therefore put him into a below knee plaster or Paris and given him an appointment to be seen at the Fracture Clinic for a plaster check tomorrow.

Yours sincerely,

J. P: MARTINDALE
Accident and Emergency Registrar

29 AUG 1985
R G
MI T ✓
ME HV
D

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

COMMUNITY CHILD HEALTH SERVICES
(SCHOOL HEALTH)

MORGAN ACADEMY.

9 Dudhope Terrace,
Dundee.
DD3 6HG

Ref. G.P.I.D.b

B.C.G. VACCINATION SCHEME 24/8/82

Dr. Mellard

Dear Dr.

I have to inform you that the school child named below has, with the sanction of the parent or guardian, received B.C.G. vaccination, under the scheme for the protection of school children.

Yours sincerely,

J.M. URQUHART,
District Medical Officer.

Child's Name Douglas Mackie (b. 6.8.69)

Address 40 Cotton Rd.,
Dundee

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

Division of Surgery

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Telephone - 0382 60111

Your Ref.

Our Ref. MJM

Enquiries to:– Mr. M.J. Metcalf,
Wards 11/12

10th June, 1980
Dictated: 3/6/80

Unit No. 311346

Dr. M.J.R. Miller,
Wallacetown Health Centre,
Lyon Street,
Dundee.

Dear Dr. Miller,

re: Douglas Mackie (06.08.69) 5 Kingennie Terrace. Dundee.

This patient has failed to attend for review in the Out Patient Clinic on two occasions now, so I am not reappointing him.

Yours sincerely,

M.J. Metcalf,
Senior Registrar

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

Telephone - 0382 60111

Your Ref.

Our Ref. JKD/SR/311346

Enquiries to:— Dr. J. K. Dowell, Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

7th May, 1980

Dr. M. J. R. Miller,
Wallacetown Health Centre,
Lyon Street,
DUNDEE.

Dear Dr. Miller,

Douglas Mackie, 06.08.69, 5 Kingennie Terrace, Dundee

This young lad was admitted on the 16th of April with a large left axillary abscess which was incised and drained and the abscess cavity was packed with milton wick.

Bacterial culture showed the organism to be staphylococcus which was sensitive to Flucloxacillin and in view of the size of the abscess the patient was kept in for a few days to ensure that the wound was clean.

He was discharged on the 23rd of April taking Flucoxacillin 125 mg q.d.s. He will need daily dressings by the District Nurse and we shall review him again in two weeks.

Yours sincerely,

J. K. Dowell,
Senior House Officer.

TAYSIDE HEALTH BOARD

DUNDEE DISTRICT

Telephone -78159.
Your Ref.
Our Ref. AN/cc
Enquiries to:-Dr. Nesbitt.

Please reply to:-
Douglas Clinic,
Balmoral Ave.,
Dundee.
24.3.78.

Dr. M. Miller,
Wallacetown Health Centre,
Lyon Street,
Dundee.

Dear Dr. Miller,

Re: Douglas Mackie, (b.6.8.69),
5, Kingennie Terrace, Dundee.
Duncarse School.

At a recent school medical examination this child wa was found to have a hearing loss in his right ear. I would like to refer him to the E.N.T. Department at Ninewells.

Unless I hear from you to the contrary within the next few days I will assume that you have no objection to an appointment being made.

Yours sincerely,

ANesbitt

Registrar in Child Health.

BOARD OF MANAGEMENT FOR DUNDEE GENERAL HOSPITALS

Form 23B

S.O.P.D.
Royal Infirmary
P.O. Box 72
Dundee DD1 9ND

16th June 19 71

JCF/JD
Unit No. 220524

Dr. Miller,
13 King Street,
Dundee.

Dear Dr. Miller,

Re: Douglas Jackson, aet 1 yr. 10mths.,
c/o McTaggart, 6 Hindmarsh Ave.,
Dundee.

The thickened foreskin and distal penile skin on this little boy is, as you say, due to a nappy rash. There is no balanitis today and the foreskin retracts freely, indeed it is providing a fairly effective protection to the end of his penis. I note that his mother uses plastic pants to surround her child's nappy and have explained to her how this contributes to the problem. She has been advised to leave him nappy-less when possible and particularly at night.

A change of detergent for the nappies may be of help and zinc and castor oil cream will probably be beneficial.

Yours sincerely,

J.C. Forrester.

King's Cross Hospital

CONSULTANT PHYSICIANS:
W. M. JAMIESON, M.D., F.R.C.P.E., D.P.H.
MARY R. KERR, M.B., F.R.C.P.E.

TELEPHONE NOS. 85241/2/3

Clepington Road
Dundee, DD3 8EA

18th April, 1970.

Unit No. 778/70
MRK/EG

Dr. M. Miller,
13 King Street,
Dundee.

Dear Dr. Miller,

Douglas Jackson, 8 mths.
2 Kingennie Terrace, Dundee.

This young baby was admitted to hospital on 21st March with gastro-enteritis. At the time of admission in addition to the enteritis, the child was found to have several septic lesions of an impetiginous type on his trunk and arms. His buttocks were sore and there was an area of cellulitis on the back of his scalp. This had probably begun as an impetiginous lesion. His right ear was also found to be discharging pus. Staphylococcus aureus and streptococcus pyogenes were both grown from the skin lesions.

The child's diarrhoea was treated with dietary adjustment and settled fairly rapidly. He was initially given a course of Penicillin for the septic lesions. This drug, however, failed to clear them completely and the baby was given a further course of combined antibiotic therapy with Cephaloridine and Cloxacillin. His skin lesions and the ear infection have now completely cleared and the child was allowed home on 17th April.

Yours sincerely,

Mary R. Kerr

4976

King's Cross Hospital

CONSULTANT PHYSICIANS:
W. M. JAMIESON, M.D., F.R.C.P.E., D.P.H.
MARY R KERR, M.B., M.R.C.P.E.

TELEPHONE NOS 65241/2/3

Clepington Road

Dundee, 4th November, 1969.

MRK/MN

Dr. N. Miller,
13 King Street,
Dundee.

Dear Dr. Miller,

Douglas Jackson, 2½ mos.,
2 Kingennie Tce., Dundee.

This baby was admitted to hospital on 27th October with a three days' history of diarrhoea.

After admission the child's stools settled rapidly with dietary adjustment alone and no pathogens were grown from a rectal swab. The baby's weight increased from 11 lbs. 14 oz. at its lowest to 12 lbs. 4 oz.

He is now clinically well and is taking his normal feeds. I think that he has had a mild attack of gastro-enteritis which has settled. He was discharged home on 3rd November.

Yours sincerely,

DR. S. G. F. WILSON

ROYAL INFIRMARY
DUNDEE
DD1, 9ND
Telephone 23125

WARD 18

OUT-PATIENT CLINIC
Monday 10 a.m.
Thursday 2 p.m.

BM/KM
Unit No. 220524

16th September, 1969.

Dr. M. Millar,
13 King Street,
Dundee.

Dear Dr. Millar,

Re: Douglas Jackson, 6.8.69,
13 Church Street, Dundee.

Douglas was admitted to ward 13 on 25.8.69 as an emergency at your request. He was, at that time, 19 days old and had been vomiting for four days although he had shown a good weight gain since birth.

On examination he appeared to be a normal baby.

The following investigations were performed:

Hb. 101% W.B.C. 13,700
Throat swab - N.A.D.
M.S.S.U. - N.A.D.

It was felt that this was largely a feeding problem and he was treated conservatively. He settled rapidly and was discharged to home on 28.8.69 at which time he was well. We have not made arrangements to follow him up.

Yours sincerely,

B. Mason,
Registrar.

DUNDEE ROYAL INFIRMARY

Ward 18

..... 28th August 1969

Dear Dr. ..... Millar .....

Your Patient ..... Douglas JACKSON .....

of ..... 13 Church Street Dundee .....

was discharged from Hospital on ..... 28/8/09 .....

Diagnosis ..... Feeding difficulties .....

The undernoted treatment is recommended and a further clinical report will follow.

He had been vomiting for 4 days ; he settled down well in hospital, with no further vomiting

Yours sincerely,

pro ..... DR WILSON ..... Consultant

..... D. Campbell ..... House Officer

DEPARTMENT OF
OBSTETRICS AND
GYNAECOLOGY

MISS JEAN HERRING
DR S. M. REID
MR W. D. GIFFEN

TELEPHONE 81281

MARYFIELD HOSPITAL

DUNDEE

SMR/MRS
Unit No. 1069

Dr. J. Rose,
13 King Street,
Dundee.

29th November,
1962.

Dear Dr. Rose,

re: Mrs. Mary Meek, aet. 35.
75 Fintry Drive, Dundee.

I saw this patient again with a complaint of irregular and heavy periods. There is no gross abnormality to be made out in the pelvis and a routine smear was taken for cytological examination. Haemoglobin was 85% so in the circumstances I think we should leave her alone in the meantime.

Yours sincerely,

S. M. Reid.

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board D.R.I. Hospital

Accident and Emergency No. 86/34623

311346

Surname	MACKIE
D. of B.	6.8.69
First Name	DOUGLAS C
C. State	S
Address	40 COTTON RD DUNDEE DD1 7BR
Sex	M
	PROT
Occupation	C INDUSTRIES
MPI No. (last 4 digits)	0333
Date and Time of Injury	31.10.86

Accident / Emergency / Casual

Maiden Name	Age
[illegible] JACKSON	17

Next of Kin and Relationship: PARENTS S/A (Contacted YES / NO)

Tel. No.: PM

Date	Arrival	Seen	Discharged	Referred by G.P.	Transport
1.11.86	13.06			YES / NO	Ambulance / Other

Place of Injury: Work / School / Home (Indoor) / Road Traffic / Other (Specify) OUTSIDE

Drugs: Pencillin Allergy / Insulin / Steroids / A.T.S.

DIAGNOSIS: Sprain [illegible] ankle

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

Inversion injury to (L) ankle last night

Now painful but can fully WB

O/E Swelling over lat ankle lig

Bony tenderness [illegible]

Full ROM

3-NOV 1986	
R	G
MI	T
ME	HV
D	

A Sprain

SITES X-RAYED:

X-RAY FINDINGS: [illegible]

TREATMENT:

Signature [illegible]

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. — Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR MILLAR
WALLACETOWN H/C
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ....D.R.I.... Hospital

Accident and Emergency No. ....86/33678....

Maiden Name	Age 17.
Next of Kin and Relationship (Contacted YES / NO) PARENTS S/A	
Tel. No.: PM.	

31346

Surname ....MACKIE.... 6.8.69 D. of B.

First Name ....DOUGLAS.... S C. State

Address ....40 COTTON RD / DUNDEE DD1 7BR.... M Sex

PROT.

Occupation ....UNEMP.... 0333 MPI No. (last 4 digits)

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport
1.10.86	1345			YES / NO	Ambulance / Other

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work | School | Home (Indoor) | Road Traffic | Other (Specify)

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

DIAGNOSIS: Infected finger.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

old # (R) 5th MC.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature ....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic ....

Ward No. ....10/10/86....

Other Hospital ....

Name and Address of Family Doctor:

DR MILLER
WALLACETOWN H/CENTRE
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ... C. State

Address ..... Sex

Occupation ... MPI No. (last 4 digits)

Maiden Name	Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Date	Times (24hr. clock)			Referred by G.P.	Transport
	Arrival	Seen	Discharged	YES / NO	Ambulance / Other

Place of Injury: Work School Home (Indoor) Road Traffic
Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

THB(MR)5A (Rev. 2/86)

Signature .....

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ..... DRI ..... Hospital

Accident and Emergency No. 85/40739

Maiden Name	Age 16
Next of Kin and Relationship (Contacted YES / NO) Parents [illegible]	
Tel. No.:	

Surname 311344 MACKIE ..... 6.8.69 D. of B.

First Name DOUGLAS C ..... S C. State

Address 40 COTTON RD ..... M Sex

DUNDEE DD1 7BR ..... PROT

Occupation YTS ..... 0333 MPI No. (last 4 digits)

Date and Time of Injury 14 12 85 | Accident | Emergency | Casual

Place of Injury: Work | School | Home (Indoor) | Road Traffic | Other (Specify) BACK WOUND — [illegible]

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

Date	Time of Arrival (24hr. clock)	Referred by G.P.	Transport
16 12 85	11.35	YES / NO	Ambulance / Other ✓

DIAGNOSIS:

Wound (L) scapula

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

[illegible]

2 days ago was pushed against wall by mate. Something sharp caught (L) upper back through clothing

O/E 1/2" closed wound in skin on upper (L) scapula. [illegible] wound [illegible]

SITES X-RAYED:

X-RAY FINDINGS:

[illegible]

TREATMENT:

Clean [illegible]

Mag sulph dressing [illegible]

THB(MR)5A

Signature [redacted]

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic ....

Ward No. ....

Other Hospital ....

Name and Address of Family Doctor:

Dr [redacted]

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ....DRI.... Hospital

Accident and Emergency No. ....85/30921....

311346

Surname ....MACKIE.... 6.8.69 .... D. of B.

First Name ....DOUGLAS C.... S .... C. State

Address ....49 COTTON RD.... M .... Sex

.... DUNDEE DD3 7BR PROT

Occupation .... Y.T.S. .... 0333 .... MPI No. (last 4 digits)

Maiden Name: JACKSON

Age: 16

Next of Kin and Relationship: Parents (Contacted YES / NO) S/D

Tel. No.: PM

Date and Time of Injury: 23.9.85

Accident | Emergency | Casual

Date	Time of Arrival (24hr. clock)	Referred by G.P.	Transport
24.9.85	10.01	YES / NO	Ambulance Other

Place of Injury: Work | School | Home (Indoor) | Road Traffic | Other (Specify) Outside

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

DIAGNOSIS:

Headache last pm.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

In fight last evening. Kicked on side of head
c/o headache last night. No headache today.
Sent up by work for "check over". No nausea/vomiting
dizziness headache.

O/E Alert - talkative
No evidence of trauma
Neuro - normal.

SITES X-RAYED:

X-RAY FINDINGS:

Reassured.

TREATMENT:

THB(MR)5A

Signature ....[signature]....

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. — Discharged

OP Clinic ....

Ward No. ....

Other Hospital ....

Name and Address of Family Doctor:

Dr. Wilson
Wallacetown Health Centre
Dundee

CODE

A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

B.

26 986

USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board ..... DRI ..... Hospital

Accident and Emergency No. ..... 92/ 38528 .....

Surname ..... MACKIE ..... 6.8.69 ..... D. of B.

First Name ... DOUGLAS C. S ... C. State

Address ... 1A ... LINDRICK ... CT ..... M ..... Sex

... DUNDEE

Occupation ... MILLER 0333 ... MPI No. (last 4 digits)

Maiden Name — Age

HOME 810697 — 23

Next of Kin and Relationship (Contacted YES / NO)

PARENTS 140 COTTON RD DUNDEE

Tel. No.: PM

Date and Time of Injury 28/10/92 — Accident / Emergency / Casual

Place of Injury: (Work) School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport Ambulance
28/10/92	2000			YES / ~~NO~~	Other

DIAGNOSIS:

Burns both hands

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

TH 3 BURN TO HANDS

Burnt both hands on water pipe at work in 1½ hrs ago

OE Superficial burns and base of both thumbs - and lateral surfaces - blistering extending down to wrist

for referral to burns unit for assessment + dressings. no DLA shall advise burns unit

CMDash

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

30 OCT 1992

D
G
K
✓

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To G.P. Discharged

OP Clinic .....

Ward No. 12 Renal

Other Hospital .....

Name and Address of Family Doctor:

DR EMSLIE SMITH
WALLACETOWN HEALTH CENTRE
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Maiden Name | Age

Address ..... Sex

Next of Kin and Relationship (Contacted YES / NO)

Occupation ... MPI No. (last 4 digits)

Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance	Other

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

THB(MR)5A (Rev. 2/86)

Signature .....

Tetanus Vaccination	1st	2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

Maiden Name | Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Address ..... Sex

Occupation ..... MPI No. (last 4 digits)

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work School Home (Indoor) Road Traffic
Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
21/4/91	1023		0310		

DIAGNOSIS:

Lac ? (L) wrist

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

LAC (L) WRIST

Cut to (L) wrist - by glass

O/E Something sharply off Alcohol

Abrasive

2 cm Lac ? Ulnar Border (L) wrist

Superficial

Nerve / Tendons Intact

-> Clean

Suture ? 4/0 Prolene x 5

SITES X-RAYED:

X-RAY FINDINGS:

Dry Dressing

RTS 1/52

TREATMENT:

NSI

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Name and Address of Family Doctor:

DR M. KENNEDY
WALLACETOWN H/CENTRE
DUNDEE.

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

DRI Hospital

Accident and Emergency No. 94/26142

Maiden Name | Age 24

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.: 816697

28/10/92 USE BALL POINT PEN AND BLOCK LETTERS

Surname MACRAE D. of B. 26.8.69

First Name DOUGLAS C. State

Address 1A LINDISFARNE CRI 7 Sex

DUNDEE DD2 3SA

Occupation UNEMPLOYED 0323 MPI No. (last 4 digits)

Date and Time of Injury 24/7/94 | Accident Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
25/7/94	1300	1305	1320		

DIAGNOSIS: Sprained right ankle

MEDICINES PRESCRIBED	DOSE	GIVEN BY
Tylex x 8	Two 4x daily	Phy

T. P. B.P.

HISTORY / COMPLAINT:

Went over on right ankle yesterday. ? Inversion injury. Swollen lateral malleolus and painful when he walks. Can move ankle - all directions but painful. Circulation & Sensation —

X-ray right ankle - NBI

Tubigrip

Rest

Elevate

Analgesia

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Doctors' Signature [signature] (KAW) SHO

Print Name For Legal Reasons .....

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

User

DR. KENNEDY

WILL CHECK OWN

H/C

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

DRI Hospital

Accident and Emergency No. 95/21296

USE BALL POINT PEN AND BLOCK LETTERS

Surname	MACKIE
D. of B.	6 8 69
First Name	DOUGLAS
C. State	S
Address	1A KINDRICK CRT DUNDEE
Sex	M
Occupation	MILL WRK
MPI No. (last 4 digits)	1333

Maiden Name

Age: 25

Next of Kin and Relationship (Contacted YES / NO)

GF STRACY S/A

Tel. No.: 810697

Date and Time of Injury

Accident Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport
22/6/95	1836	1950	1943	YES / NO	Ambulance Other

DIAGNOSIS:

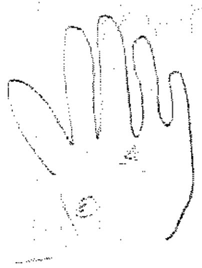
Burn

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

Left hand caught ... steam pipe



O/E Blisters ... palm skin ...

N } ✓
T }
V }

... blisters ...

SITES X-RAYED:

X-RAY FINDINGS: ... blisters (already open)

TREATMENT:

clean ✓
jelonet ✓
dress ✓

D.C.M.
A.C.
DATE: 26 JUN 1995

Doctors' Signature

Print Name For Legal Reasons Morrison

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR MILLAR
ARDLER SURG
DUNDEE

CODE

A	P	V
B	Q	W
C	R	X
D	S	Y

Tayside Health Board — Accident and Emergency Department ......DRI...... HOSPITAL

USE BALL POINT PEN AND BLOCK LETTERS

Accident & Emergency No.		
Maiden Name		Age
Next of Kin & Relationship		Tel. No.
Date	Time of Arrival (24hr. clock)	

SURNAME MACKIE ____ UNIT No

FIRST NAME DOUGLAS ____ D. of B

ADDRESS ____ M. STATE

DUNDEE ____ SEX

____ MPI No. (last 4 digits)

OCC ____ REL ____

Date and Time of Injury	Transport AMB	Other	DIAGNOSIS
Place of Injury: Work School Home (Indoor) Road Traffic Other (specify)			
Referred by:— G.P. Yes / No	Casual	Accident	Emergency
Drugs:— Pencillin Allergy	Insulin	Steroids	A.T.S.

T. P. B.P.

8.40 Fall from tree house ... head injury

Tender swelling / bruising over lat. malleolus R)

— tender ... fibula

Crutches

Unable to wt. bear.

1

S X-RAYED R) fibula.

X-RAY FINDINGS N.D.

2

TREATMENT ... to ... ankle

Signature ....

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged
OP Clinic ....
Ward No. ....
Other Hospital ....

Name and Address of Family Doctor

Dr ...

DUNDEE

CODE

A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THB(MR)5 3

TAYSIDE HEALTH BOARD

DISCHARGE NOTIFICATION FORM

.....Hospital/Inf.

To Dr. Miller W.H.C.

Ward/Clinic/Hosp. NW WARD 29 ... Cons.

Surname ... Mackie ... Unit No.

First Name ... Douglas ... D. of B. 05.08.69

Address ... 5 RINGENNIE TER. DUNDEE. ... M. State

... Sex

Occupation ... MACKIE DOUGLAS ... MPI No. (last 4 digits) 3 1 1 3 4 6

G.P. & Address (G.P. Requests only) ... USE BLOCK LETTERS OR HAND IMPRINTER

Date of Admission 19.IV.80. Date of Discharge 23.IV.80. to ...

or O.P. Consultation on ...

Principal Diagnosis ...

Fold

Condition on Discharge: Completely Ambulant ☑ Confined to Home ☐ Partially Bedridden ☐ Confined to Bed ☐

Follow-up Arrangements None ☐ An appointment will be/has been * arranged for ... at 2/52

Treatment Recommendations Abscess drained Right axilla. growing Staph # aureus Sensitive to flucloxacillin I will need daily Dressing by D/N.

THREE PART SET

Send Complete to Pharmacy

FINAL DISTRIBUTION

White — Pharmacy
Yellow — G.P.
Blue — Ward for Case Record

DRUG TREATMENT ON DISCHARGE

Where a Course of Therapy is planned STATE DATE when Drugs should be STOPPED	Times of Administration 0600	1000	1200	1400	1800	2200	2400	Strength	Number	Brand Name (for information on)
FLUCLOXACILLIN 125mgs. Tabs. one week.	✓	✓	✓	✓					140	FLOXAPEN

Fold

TWO PART SET Distribution

Yellow — G.P.
Blue — Case Record

Signature ... Status S110.

for K.A.S. Wood Consultant Date 22.IV.80.

DISPENSED BY PHARMACY

Pharmacist's Signature ...

Date Dispensed 24.4.80

DMR 406

Tayside Health Board — Accident and Emergency Department. . . . . HOSPITAL

Accident & Emergency No. 92/9846	USE BALL POINT PEN AND BLOCK LETTERS
Maiden Name / Age 12	SURNAME MACKIE 311346 UNIT No.
	FIRST NAME DOUGLAS 6.8.69 D. of B.
Next of Kin & Relationship PARENTS	ADDRESS 40 CATTON RD B M. STATE
Tel. No. [illegible]	[illegible] M SEX
	[illegible] 0333 MPI No. (last 4 digits)
Date 9.4.92 / Time of Arrival (24hr. clock) 19.32	OCC. [illegible] REL. C/S

Date and Time of Injury

Transport AMB / Other

Place of Injury: Work / School / Home (Indoor) / Road Traffic / Other (specify) PARK

DIAGNOSIS: Cut lip.

Referred by:— G.P. Yes / No | Casual | Accident | Emergency

Drugs:— Pencillin Allergy | Insulin | Steroids | A.T.S. | T. | P. | B.P.

Cut lower lip while playing 7 pm.
< 1cm laceration on pink lip.

1

S X-RAYED

X-RAY FINDINGS

2

TREATMENT: Sutured 4 x G/O Catgut

Signature .....

Tetanus Vaccination	1st	2nd	Booster
	Covered		

To: G.P. (Discharged) / OP Clinic ..... / Ward No. ..... / Other Hospital .....

Name and Address of Family Doctor

D. C. Rose.
Wallacetown N. C.
[illegible]

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THB(MR)5

3

DRI № 311346

Tayside Health Board ..... Hospital

Accident and Emergency No. 251 26016

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... MACKIE ..... 6.8.69 D. of B.

First Name ... DOUGLAS G. S C. State

Address ... 40 COTTON RD. M Sex

... DUNDEE, PROT.

Occupation ... UNEMP. 0333 MPI No. (last 4 digits)

Maiden Name	Age
	16

Next of Kin and Relationship (Contacted YES / NO)

Parents, YA

Tel. No.: PM

Date and Time of Injury | Accident | Emergency | Casual

Date	Time of Arrival (24hr. clock)	Referred by G.P. YES / NO	Transport Ambulance Other
4/2/15	15:00		

Place of Injury: Work School Home (Indoor) Road Traffic
Other (Specify) ~~car~~ STAIRS

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

(L) ankle injury

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

boy 2. Ankle

Inversion 'twist' to (L) ankle 2-3 hrs ago

Since then +painful weightbearing + swollen

O/E

+ swollen around lat malleolus. All movts limited +painful inversion & dorsiflexn

SITES X-RAYED: (L) ankle

X-RAY FINDINGS: ? widened fibulas epiphysis d/w Registrar

TREATMENT: wool & crepe dressing. Elevate. Review trauma clinic 5 days

THB(MR)5A

Signature .....

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic Trauma Tues 10/2/15

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

DR. M. MILNER

MAINS & TOWN - EAST CENTRE

DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Address ..... Sex

Occupation ..... MPI No. (last 4 digits)

Maiden Name | Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

THB(MR)5A (Rev. 2/86)

Signature .....

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Address ..... Sex

Occupation ... MPI No. (last 4 digits)

Maiden Name	Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work | School | Home (Indoor) | Road Traffic | Other (Specify)

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ......DRI...... Hospital
Accident and Emergency No. ....84/39541....

311346 **USE BALL POINT PEN AND BLOCK LETTERS**

Surname: MACKIE — D. of B.: 6.8.69
First Name: DOUGLAS E — C. State: S
Address: 12 DRYBURGH PLACE, DUNDEE — Sex: M — PROT
Occupation: UNEMP — MPI No. (last 4 digits): 0333
Date and Time of Injury: 27.11.87 — Accident / Emergency / Casual

Maiden Name: JACKSON — Home 611821 — Age: 18

Next of Kin and Relationship (Contacted YES / NO): JUNE MACKIE, 40 ... (R), DUNDEE
Tel. No.: PM

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport
27.11.87	2358			YES / NO	Ambulance / Other

Place of Injury: Work / School / Home (Indoor) / Road Traffic / Other (Specify)

Drugs: Pencillin Allergy / Insulin / Steroids / A.T.S.

DIAGNOSIS: Head injury

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

Bay 1 Assaulted. Not told.

O/E = Frontal haematoma (L) scalp
Cut up lip middle over lip
3cm laceration (R) occiput

Sutured c̄ 3.0 prolene x1, 3.0 prolene x3

→ Skull X-ray.
No obvious #

SITES X-RAYED:

X-RAY FINDINGS: Advised further treatment

KLA

TREATMENT:

GP 5/7 removal sutures

Signature: N. Augu...

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination — Covered: 1st / 2nd / Booster

To: G.P. / Discharged / OP Clinic / Ward No. / Other Hospital

Name and Address of Family Doctor:
DR MILLAR
HALLAERTOWN HEALTH CENTRE
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ... C. State

Address ..... Sex

Occupation ... MPI No. (last 4 digits)

Maiden Name | Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Address ..... Sex

Occupation ... MPI No. (last 4 digits)

Maiden Name	Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT:

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

Tayside Health Board ..... DRI ..... Hospital

Accident and Emergency No. 26/140197

USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... MACKIE ..... D. of B. 6 8 69

First Name ... DOUGLAS ... C. State

Address ... 40 COPLAND RD DUNDEE DD1 7BR ... Sex M

Occupation ... COMM IND ... MPI No. (last 4 digits) 0333 RC

Maiden Name | Age 17

Next of Kin and Relationship (Contacted YES / NO)

Parents Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work | School | Home (Indoor) | Other (Specify) OUTDOOR | Road Traffic

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other
22/11/86	1824				

DIAGNOSIS: Sprained ankle

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT: ANKLE w/RAm.

Inversion injury (R) ankle

SITES X-RAYED: (R) ankle

X-RAY FINDINGS:

TREATMENT: Crepe

24 NOV 1986

R [redacted] G

24 NOV 1986

R G

MI T

ME HV

D

Signature .....

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic .....

.....

.....

Name and Address of Family Doctor:

Dr Miller
Whitehall Crescent
Dundee

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

TAYSIDE CLINICAL RADIOLOGY • XRAY, ULTRASOUND & CT REQUEST

NHS ☐ Category 2 ☐ or Private ☐ referral to N/W Hospital / Infirmary

EXAMINATION REQUESTED:

Abdominal USS please

CLINICAL SUMMARY AND RELEVANT PREVIOUS HISTORY:

6/52 intermittent RUQ pain

QUESTIONS TO BE ANSWERED:

? gallstones.

Is there any possibility that the patient may be pregnant? Yes ☐ No ☐

I confirm that this examination is of net benefit and falls within current legal radiation requirements.

Referrer's Name (Capitals) DUNCAN

Post Held Locum GP Bleep

Signature [signature] Date 8 / 5 / 9

DOB / CHI 0 6 0 8 6 9 0 3 3 [illegible]

Mr / Mrs / Miss / Ms / Dr / Other M ☒ F ☐

Surname MACKIE

First Name Douglas

Address 74 Drumlanrig Drive Dundee

Post Code DD4 8HQ

Occupation

Telephone 01382526732

IP ☐ OP ☐ GP ☒

Consultant / GP MILLER

Ward / Clinic / Practice Acute Surgical

Hospital / Address DUNDEE

Walking ☐ Chair ☐

Trolley ☐ Bed ☐

Portable ☐ Ambulance ☐

Contrast Allergy ☐ Other Allergy

Asthma ☐ Disability

Diabetes ☐ Infection Risk

Previous Imaging

Year Hospital

Incomplete forms will be returned. **Previous films must be returned with patient.**

Office Use	Justified by	Priority	Preparation	Appointment Date & Time
X				

MACKIE, DOUGLAS
74 DRUMLANRIG DRIVE, DUNDEE, DD4 8HQ
Ref. Locn. : GENERAL PRACTITIONER
Referrer : DR DC MILLER

DoB : 06/08/1969
Hosp. No. :
CRIS No. : 89033
CHI No. : 0608690333

VERIFIED Verified By : Susan Colvin 03/06/09
Typed By : MCAS 03/06/09

US Gallbladder

Limited assessment due to overlying bowel gas. Poor sonographic subject.

Gallbladder was difficult to visualise, ? fully fasted, No gross abnormality identified. Bile duct not visualised, no gross biliary duct dilatation.

Only parts of the liver parenchyma were visualised, no gross focal abnormality identified, however, smaller more subtle lesions cannot be ruled out sonographically. Normal direction of flow within the portal vein. Normal spleen.
Normal kidneys. Pancreas obscured. Normal calibre aorta.

Susan Colvin Sonographer

09 JUN 2009

FILE ✓
NORMAL ✓
TREATMENT
APPOINTMENT
NOTES
SEEN BY

Event Number : E-3009633
Copy To : ,
Examinations : US Gallbladder

Examination Date : 03/06/09
Attendance Number : 6

NHS Tayside: Clinical Report - Ninewells Hospital

MACKIE, DOUGLAS
74 DRUMLANRIG DRIVE, DUNDEE, DD4 8HQ
Ref. Locn. : GENERAL PRACTITIONER
Referrer : DR DC MILLER

DoB : 06/08/1969
Hosp. No. :
CRIS No. : 89033
CHI No. : 0608690333

Event Number : E-3009633
Copy To : ,
Examinations : US Gallbladder

Examination Date : 03/06/09
Attendance Number : 6

NHS Tayside Communication to GP

Ward/Clinic	CTACS	CHI	0608690333
Hospital	Wallacetown Health Centre	Surname	MACKIE
Clinician	Rebecca Samson	First Name	DOUGLAS
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	15 BALGAVIES PLACE DUNDEE DD4 7QP
Date	16/03/2026	GP/Address	Erskine Practice Arthurstone Medical Centre 39 Arthurstone Terrace Dundee DD4 6QY

Dear Doctor,

Provisional/Diagnosis is: Patient did not attend for his CVD review today.

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

Rebecca Samson Health Care Assistant | Tel:01382496717
Ninewells Switch Board Tel:01382 660111

Dundee Health & Social Care Partnership

Tayside Sexual & Reproductive Health Services
Dundee Health & Social Care Partnership
South Block, Level 7
Ninewells Hospital
DUNDEE, DD1 9SY
01382 425542
www.nhstayside.scot.nhs.uk

PRIVATE & CONFIDENTIAL

Date: 25 February 2021

Our Ref: **AN13353901**

Enquiries to: Val Machir, Secretary
Direct Line: (01382) 425533 (ext 35533)
Fax: (01382) 425541
E-mail: val.machir@nhs.net

Dr. David M Shaw
Erskine Practice
Arthurstone Medical Centre
""
39 Arthurstone Terrace
DD4 6QY

Dear Dr. Shaw
Douglas Mackie, 06/08/1969, 15 Balgavies Place, Dundee, "" ,DD4 7QP

This patient was treated for ***primary syphilis*** on 29/01/2020 with Benzathine penicillin G 2.4 Million units I.M.

They have failed to engage for their final 12 months post treatment serology but had shown evidence of treatment response from serology taken at 3 months. We would be grateful should this patient present to your practice and require bloods that Syphilis serology is checked also.

Their serology may remain positive longer term and this must therefore be taken into account when interpreting future results. Their last serology on 04.08.20 is as follows:

TPPA:320
RPR:Neat

Kind regards

Yours sincerely

Everyone has the best care experience possible

Dundee Health & Social Care Partnership

Tayside Sexual & Reproductive Health Services
Dundee Health & Social Care Partnership
South Block, Level 7
Ninewells Hospital
DUNDEE, DD1 9SY
01382 425542
www.nhstayside.scot.nhs.uk

Ciara Cunningham
Cons GUM

Everyone has the best care experience possible

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular) C11
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital** and **hospital address**

Hospital unit no.: T101H

Email address:

Date of Referral (set by referrer) 29-Jun-2009

Date referral was submitted 29-Jun-2009

Suspicion of cancer: ○ Yes ○ No

Urgency of referral Routine

PATIENT DETAILS

Surname	MACKIE
Forename(s)	DOUGLAS
Title	MR
Sex	Male
Date of birth	06-Aug-1969
CHI no.	0608690333

Patient's address

74 DRUMLANRIG DR
DUNDEE
DD4 8HQ

Contact number(s)

Voice: 526732

REGISTERED GP DETAILS

Name	Dr DC Miller		
GMC code	2832449	GP code	70149
Practice name	Ardler Surgery		
Practice code	12633		

Practice address

TURNBERRY AVENUE
ARDLER
DUNDEE

Contact number(s)

Voice: 01382833399

REFERRING PRACTITIONER DETAILS

Name	Dr DC Miller		
GMC code	2832449	GP code	70149
Practice name	Ardler Surgery		
Practice code	12633		

Practice address

TURNBERRY AVENUE
ARDLER
DUNDEE

Contact number(s)

Voice: 01382833399

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: MULTIPLE LIPOMATA

Comment: I would be most grateful if you would consider seeing this 39 year old chap at the clinic. For many years he has had multiple lipomata and has been diagnosed with Durcams disease. Recently he had a few lesions that have been increasing in size and have become quite painful in particular he has one on his abdomen and one on the arm that are bothering him at present. I have reassured him about the benign nature of the lipoma but he is keen to see whether he could have the symptomatic ones removed. Kind regards. Yours sincerely, DR AMY FINDLAY, GP LOCUM.

Examinations and Investigations

Current smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 0. 2007-02-27

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status	Alcohol consumption
Number per day ? (not known)	Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospitaland hospital address**

Hospital unit no. T101H

Email address -

Date of Referral (set by referrer) 23-May-2012
Date referral was submitted 25-May-2012
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
- ☐ Requires support of a translator

PATIENT DETAILS

Surname	MACKIE
Forename(s)	DOUGLAS
Title	MR
Sex	Male
Date of birth	06-Aug-1969
CHI no.	0608690333

Patient's address

45 NORAN AVENUE
DUNDEE
DD4 7LE

Contact number(s)

Voice: 07753528478

REGISTERED GP DETAILS

Name	Dr D. Shaw		
GMC code	4038106	GP code	70815
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

REFERRING PRACTITIONER DETAILS

Name	Dr K Emslie-Smith		
GMC code	3080030	GP code	70424
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: ? pilonidal sinus right buttock.

Comment: This gentleman has had a years history of recurrent infections at the same site on his right buttock. Examination reveals an indurated area with a small open wound to the surface suggestive of a chronic pilonidal sinus.

I would be most grateful for your advice on whether he merits surgical intervention for this. He has been treated with Flucloxacillin twice in the last three months. currently there is no evidence of active acute infection of this area.

Received for typing 17/05/12 - sent for signing 23/05/12

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2004.	2011-09-16
Moderate drinker - 3-6u/day:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 14.	2011-09-16
Enjoys moderate exercise:	Type of exercise: Moderate. NOTES: heavy job.	2011-09-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.82	m	Recorded Date:	None provided
Weight:	101.3	Kg	Recorded Date:	None provided
BMI:	30.5	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	147/83	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Closed fracture of metacarpal bone(s)	-	New event	left 3rd	02-Nov-2001
Cls # thumb metacarpal base, intra-articular, Bennett	-	First ever	left--K Wire fixation	17-Apr-2001
Lipoma	-	First ever	multiple--Durcums disease	25-Aug-2000
Burns	-	First ever	both hands--partial thickness	28-Oct-1992
Fracture of lower limb	-	New event	left lateral maleolus--old fracture	29-Apr-1992
Closed fracture of metacarpal bone(s)	-	First ever	right 5th	26-Sep-1986
Fracture of lower limb	-	First ever	left lateral malleolus--type 1 fracture	14-Aug-1985
Behavioural problem	-	First ever	seen child psychiatry	16-Jul-1982
Abscess NOS	-	First ever	large left axillary abscess---incised and drained	16-Apr-1980
Gastroenteritis	-	First ever	admitted	21-Mar-1970

Past procedures

Description	Laterality	Modifier	Date performed
Excision of lipoma	-	First ever	27-Mar-1995

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Physiotherapy MSKR5TV
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Kings Cross Hospital
Clepington Road
Dundee
DD3 8EA

— **Hospitaland hospital address**

Hospital unit no.: T104H

Email address: -

Date of Referral (set by referrer)	24-Jun-2016	**Armed Forces Personnel, Immediate Families & Veterans**	**Impairment(s)**
Date referral was submitted	24-Jun-2016	☐ On active service	☐ Learning
Urgency of referral	Routine	☐ Condition related to service	☐ Visual
		☐ Immediate family member	☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	MACKIE
Forename(s)	DOUGLAS
Title	MR
Sex	Male
Date of birth	06-Aug-1969
CHI no.	0608690333

Patient's address

15 BALGAVIES PLACE
DUNDEE
DD4 7QP

Contact number(s)

Voice: 07753 528 478

REGISTERED GP DETAILS

Name	Dr D. Shaw		
GMC code	4038106	GP code	70815
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

REFERRING PRACTITIONER DETAILS

Name	Dr D. Shaw		
GMC code	4038106	GP code	70815
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: L knee pain

Comment: Pain on the medial aspect of his L knee last 4-5 months. No locking on this side, although has experienced some in the right knee. Pain in medial knee is worse on crossing legs. No giving way. No swerlling or heat. O/E a little tender medial aspect of knee with no swelling, knee stable. Works as a heating engineer and has found that this is interfering with his ability to work. In view of this, I am grateful for your further opinion.

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker.	2016-01-29
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 16.	2016-01-29
Exercise grading:	Type of exercise: Vigorous. NOTES: physical job.	2016-01-29

Most recent height, weight, BMI and Blood Pressure

Height:	1.82	m	Recorded Date:	None provided
Weight:	101.6	Kg	Recorded Date:	None provided
BMI:	30.6	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	133/89	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Essential hypertension	-	First ever	-	31-Oct-2012
Fistula-in-ano	-	First ever	external	30-Aug-2012
Closed fracture of metacarpal bone(s)	-	New event	left 3rd	02-Nov-2001
Cls # thumb metacarpal base, intra-articular, Bennett	-	First ever	left--K Wire fixation	17-Apr-2001
Lipoma	-	First ever	multiple--Durcums disease	25-Aug-2000
Burns	-	First ever	both hands--partial thickness	28-Oct-1992
Fracture of lower limb	-	New event	left lateral maleolus--old fracture	29-Apr-1992
Closed fracture of metacarpal bone(s)	-	First ever	right 5th	26-Sep-1986
Fracture of lower limb	-	First ever	left lateral malleolus--type 1 fracture	14-Aug-1985
Behavioural problem	-	First ever	seen child psychiatry	16-Jul-1982
Abscess NOS	-	First ever	large left axillary abscess---incised and drained	16-Apr-1980
Gastroenteritis	-	First ever	admitted	21-Mar-1970

Past procedures

Description	Laterality	Modifier	Date performed
Laying open of anal fistula NEC	-	First ever	24-Jan-2013
Laying open of anal fistula NEC	-	First ever	18-Oct-2012
Excision of lipoma	-	First ever	27-Mar-1995

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Perindopril erbumine 8mg tablets	79311020	tablet	1 TABLET ONCE A DAY	-	02-Sep-2013	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101015426194Q

REFERRAL TO

Physiotherapy MSKR5TV
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Kings Cross Hospital
Clepington Road
Dundee
DD3 8EA

— **Hospital**and **hospital address**

Hospital unit no.: T104H

Email address: -

Date of Referral (set by referrer) 07-Feb-2018

Date referral was submitted 08-Feb-2018

Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	MACKIE
Forename(s)	DOUGLAS
Title	MR
Sex	Male
Date of birth	06-Aug-1969
CHI no.	0608690333

Patient's address

15 BALGAVIES PLACE
DUNDEE
DD4 7QP

Contact number(s)

Voice: 07753 528 478

REGISTERED GP DETAILS

Name	Dr D. Shaw		
GMC code	4038106	GP code	70815
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

REFERRING PRACTITIONER DETAILS

Name	Dr K Emslie-Smith		
GMC code	3080030	GP code	70424
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

Periods of Future None provided.

Unavailability

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Right sided shoulder injury.

Comment: This gentleman developed a right sided shoulder injury 2 years ago. He works in the building industry and does a lot of heavy lifting. This incident happened when he was lifting building materials. He felt a tear over his shoulder in the deltoid area. He has continued to complain of pain in this shoulder since that time with pain on abducting his shoulder to 90 degrees, although he does not seem to have a painful arc. There is no localising tenderness around the joint or in the deltoid muscle. His symptoms have not settled with simple analgesia and he declines any stronger analgesia.

I would be grateful for your assessment of him and for an opinion on whether me might merit infiltration in that area given it is related to a specific incident and is currently localising pain with a particular muscle function.

Many thanks for your opinion and help.

Received for typing 05/02/18 - sent for signing 07/02/18

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker.	2017-11-22
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 14.	2017-11-22
Exercise grading:	Type of exercise: Vigorous. NOTES: physical job.	2017-11-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.82	m	Recorded Date:	None provided
Weight:	100.2	Kg	Recorded Date:	None provided
BMI:	30.2	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	140/80	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Essential hypertension	-	First ever	-	31-Oct-2012
Fistula-in-ano	-	First ever	external	30-Aug-2012
Closed fracture of metacarpal bone(s)	-	New event	left 3rd	02-Nov-2001
Cls # thumb metacarpal base, intra-articular, Bennett	-	First ever	left--K Wire fixation	17-Apr-2001
Lipoma	-	First ever	multiple--Durcums disease	25-Aug-2000
Burns	-	First ever	both hands--partial thickness	28-Oct-1992
Fracture of lower limb	-	New event	left lateral maleolus--old fracture	29-Apr-1992
Closed fracture of metacarpal bone(s)	-	First ever	right 5th	26-Sep-1986
Fracture of lower limb	-	First ever	left lateral malleolus--type 1 fracture	14-Aug-1985
Behavioural problem	-	First ever	seen child psychiatry	16-Jul-1982
Abscess NOS	-	First ever	large left axillary abscess---incised	16-Apr-

				and drained	1980
Gastroenteritis		-	First ever	admitted	21-Mar-1970

Past procedures

Description	Laterality	Modifier	Date performed
Laying open of anal fistula NEC	-	First ever	24-Jan-2013
Laying open of anal fistula NEC	-	First ever	18-Oct-2012
Excision of lipoma	-	First ever	27-Mar-1995

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Perindopril erbumine 8mg tablets	79311020	tablet	1 TABLET ONCE A DAY	-	02-Sep-2013	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

101037818069B

REFERRAL TO

UrologyCB
TAY General Referral v6.2

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital** and **hospital address**

Hospital unit no. T101H

Email address

Date of Referral (set by referrer) 01-Oct-2025
Date referral was submitted 01-Oct-2025
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	MACKIE
Forename(s)	DOUGLAS
Title	MR
Sex	Male
Date of birth	06-Aug-1969
CHI no.	0608690333

Patient's address

15 BALGAVIES PLACE
DUNDEE
DD4 7QP

Contact number(s)

Voice: 07753 528 478

REGISTERED GP DETAILS

Name	Dr D. Shaw		
GMC code	4038106	GP code	70815
Practice name	Erskine Practice		
Practice code	11486		

Practice address

ARTHURSTONE MEDICAL CENTRE
ARTHURSTONE TERRACE
DUNDEE
TAYSIDE

Contact number(s)

Voice: 01382458333

REFERRING PRACTITIONER DETAILS

Name	Dr. Umar Abdullahi		
GMC code	7692061	GP code	71374
Practice name	Erskine Practice (11486)		
Practice code	11486		

Practice address

Arthurstone Medical Centre
39 Arthurstone Terrace
Dundee

Contact number(s)

Voice: 01382 458333

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Mildly Raised PSA

Comment: Dear colleague,

Thank you for advising on this 56yr old gentleman with 6 months of urinary intermittency, straining, and incomplete emptying. He denies dysuria or haematuria but reports intermittent loin pain. Urine culture was normal.
On examination, his abdomen was soft and non-tender with no renal angle tenderness or organomegaly. PR revealed an enlarged rubbery prostate with no lumps/masses.

My initial impression is benign prostatic hyperplasia. However, his initial PSA was 4.3, with a repeat result of 3.4, still above normal limits. His LUTS have improved on tamsulosin, which he wishes to continue.
I would appreciate your advice on whether clinic follow-up is needed for further investigation of his raised PSA.

Kind regards.

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker.	2025-02-14
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20.	2025-02-14
Exercise grading:	Type of exercise: Moderate. NOTES: gym weekly.	2025-02-14

Most recent height, weight, BMI and Blood Pressure

Height:	1.8	m	Recorded Date:	None provided
Weight:	108.2	Kg	Recorded Date:	None provided
BMI:	32.6	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	133/80	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Syphilis	-	First ever	-	28-Jan-2020
Essential hypertension	-	First ever	-	31-Oct-2012
Fistula-in-ano	-	First ever	external	30-Aug-2012
Closed fracture of metacarpal bone(s)	-	New event	left 3rd	02-Nov-2001
Cls # thumb metacarpal base, intra-articular, Bennett	-	First ever	left--K Wire fixation	17-Apr-2001
Lipoma	-	First ever	multiple--Durcums disease	25-Aug-2000
Burns	-	First ever	both hands--partial thickness	28-Oct-1992
Fracture of lower limb	-	New event	left lateral maleolus--old fracture	29-Apr-1992
Closed fracture of metacarpal bone(s)	-	First ever	right 5th	26-Sep-1986
Fracture of lower limb	-	First ever	left lateral malleolus--type 1 fracture	14-Aug-1985
Behavioural problem	-	First ever	seen child psychiatry	16-Jul-1982

Abscess NOS	-	First ever	large left axillary abscess---incised and drained	16-Apr-1980
Gastroenteritis	-	First ever	admitted	21-Mar-1970

Past procedures

Description	Laterality	Modifier	Date performed
Laying open of anal fistula NEC	-	First ever	24-Jan-2013
Laying open of anal fistula NEC	-	First ever	18-Oct-2012
Excision of lipoma	-	First ever	27-Mar-1995

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Tamsulosin 400microgram modified-release capsules	81587020	capsule	TAKE ONE DAILY	-	01-Oct-2025	-
Perindopril erbumine 8mg tablets	79311020	tablet	1 TABLET ONCE A DAY	-	02-Sep-2013	-
Amlodipine 10mg tablets	88865020	tablet	ONE DAILY	-	03-Jun-2021	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

NHS
Tayside

Specialist Services Directorate
Urology Department
NHS Tayside

Ninewells Hospital
Dundee
DD1 9SY

01382 346013

www.nhstayside.scot.nhs.uk

Douglas Mackie
15 Balgavies Place
Dundee
Angus
DD4 7QP

Date	02/10/2025
Clinic Date	02/10/2025
Your Ref	
Our Ref	MU/AS/ **0608690333**
Enquiries to	Urology Secretaries
Extension	
Direct Line	01382 346013
Email	

Dear Douglas Mackie

Douglas Mackie, 15 Balgavies Place, Dundee, Angus, DD4 7QP DOB: 06/08/1969

Your GP has referred you to the Urology service with concerns regarding your prostate gland. We have requested a Magnetic Resonance Imaging (MRI) prostate scan and the appointment will be posted to you within the next 1-2 weeks from the radiology department. Once the scan has been carried out and reported, the Urology team will contact you via telephone or via an appointment.

MRI SAFETY QUESTIONNAIRE

Do you have any surgical clips, aneurysm clips, vascular clips, transplant or bypass clips	Yes	No
Do you have an artificial heart valve or pacemaker	Yes	No
Have you ever had metal fragments in your eyes	Yes	No
Do you have a middle ear implant	Yes	No
Do you have any metal implants e.g. Hip joints, knees, Harrington rods	Yes	No
Do you have a nerve stimulator	Yes	No
Do you suffer from claustrophobia	Yes	No

Should you answer 'Yes' to any of the questions, please contact our urology admin team Contact details: 01382 346013 between the hours 0900-1600; Monday-Friday

Yours sincerely

Authorised on 02/10/2025 14:20:11 by Typist Allanis Shepherd, on behalf of Mohsin Uddin.

Mr Mohsin Uddin
Locum Consultant Urologist

(D) Dr DM Shaw, Erskine Practice, Arthurstone Medical Centre, 39 Arthurstone Terrace, Dundee, DD4 6QY
(P) Karen De Jongh, Cancer Care Co-ordinator, Urology Department, Ninewells Hospital, Dundee, DD1 9SY

NHS Tayside

Specialist Services Directorate
Urology Department
NHS Tayside

Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Douglas Mackie
15 Balgavies Place
Dundee
Angus
DD4 7QP

Date	05/11/2025
Clinic Date	04/11/2025
Your Ref	
Our Ref	MH/CS/ 0608690333
Enquiries to	Urology Office
Extension	
Direct Line	01382 346013
Email	

Dear Douglas Mackie

Your prostate was measured at 109mls. The appearances were of benign enlargement and possibly inflammation (prostatitis).

You may wish to have a further assessment by our team to plan further treatment for your enlarged prostate. This is for you to request and I would therefore advise you to call the above number if you wish to have an appointment and we can see you there for flow studies. I will enclose a IPSS form for you to complete and bring to the clinic with you. There is no need to proceed with prostate biopsies at this time.

Yours sincerely
Authorised on 10/11/2025 10:19:06 by Michael Hehir.

Mr M Hehir
Locum Consultant Urological Surgeon

(D) Dr DM Shaw, Erskine Practice, Arthurstone Medical Centre, 39 Arthurstone Terrace, Dundee, DD4 6QY

ENC- IPSS

NHS Tayside

Operational Unit
Surgical Directorate
Urology Department
NHS Tayside
Perth Royal Infirmary
Jeanfield Road
Perth
PH1 1NX
01382 660111

www.nhstayside.scot.nhs.uk

Dr DM Shaw
Erskine Practice
Arthurstone Medical Centre
39 Arthurstone Terrace
Dundee
DD4 6QY

Date	09/12/2025
Clinic Date	04/12/2025
Your Ref	
Our Ref	MH/EF/ 0608690333
Enquiries to	Janeen Murray
Extension	
Direct Line	01738 473563
Email	

Dear Dr Shaw

Douglas Mackie, 15 Balgavies Place, Dundee, Angus, DD4 7QP
DOB: 06/08/1969

Mr. Douglas Mackie attended the urology clinic where he wished to go over some of the recently performed investigations including an ultrasound and MRI. The ultrasound showed increased reflectivity in the liver which sometimes can be associated with increased fat deposits in the liver. No other lesions were found in the liver. The portal vein had normal direction of flow. Gallbladder was thin-walled and normal. There were no gallstones or no bile duct dilatation. The kidneys were normal in size and appearance apart from a simple exophytic cyst in the upper pole of the right kidney measuring 1.4cm.

I reassured Mr. Mackie about that and there is no need to treat the cyst of the kidney. Kidney function test, performed this year was also normal. The MRI of prostate, performed because of the PSA being slightly elevated at 2.4ug/L, showed a large, benign looking prostate. Prostate volume was 109mls which is certainly enlarged and the density of the PSA for this prostate was 0.03 which is low and favourable. There were no convincing lesions that require any biopsies in the peripheral zones and there were some atypical features in the transition zone but mainly consensus of benign hyperplasia or benign hyperplasia nodules. No biopsies therefore required.

We discussed the LUTS symptoms resulting from, perhaps the enlarged prostate. LUTS symptoms showed an IPSS of 17 which is in the moderate symptomatic variety with a QoL score of 2 which is mostly satisfied with current symptom level. Mr. Mackie is taking Tamsulosin 0.4mg everyday and this has been associated with helpful improvement in the urinary symptoms. We discussed whether the BPH LUTS can progress and, of course, this can happen and if this happens in the future the advice is for Mr. Mackie to have a discharge from urology at this point and to report to his own Doctor if he wish a referral back to us because of any changes or adverse developments with his LUTS BPHurinary tract condition.

He did a flow test for us today and this is normal enough looking. He voided 179mls with a maximum flow at 18.6mls/s which is within normal range and residual at 4mls.

Yours sincerely

Authorised on 15/12/2025 12:39:22 by Michael Hehir.

Mr M Hehir
Locum Consultant Urological Surgeon

(P) Douglas Mackie, 15 Balgavies Place, Dundee, Angus, DD4 7QP