

We are a smoke free organisation and to improve public health, smoking is not permitted anywhere on the hospital site. Thank you for your co-operation.

Medway **NHS**
NHS Foundation Trust

Intermittent Self Catheterisation Link Letter

Medway Maritime Hospital
Windmill Road
Gillingham
Kent
ME7 5NY

Tel: 01634 830000



KATRINA MARGERY 670524AL
49 SHEPPEY BEACH VILLAS
MANOR WAY LEYSDOWN-ON-SEA, SHEERNESS
KENT ME12 4QQ
NHS: 400 067 0514

Dear Dr. *uppal*

Your patient
attended clinic today and was taught to carry out intermittent self
catheterisation for: *Pre-Box*

The following product(s) were used:

Catheter type: *Athlon*
Code: *226312E*

Size: *12ch*

I have advised him/her to catheterise....*6*....times daily/*weekly*. *PKJ*

The patient has been provided with two weeks supply of catheters.
Would you kindly arrange for a further prescription to be made
available.

The patient has ~~elected~~ to use a home delivery service, which will
collect the prescription on their behalf.

A follow up appointment has/~~has not~~ been arranged with:

Per Surge

Yours sincerely

Claire Kelly
Urology Nurse Practitioner

Date	
St. George's Medical Centre	
Scar.	
File	
28 SEP	
Tell Patient Normal	
Make Appointment	