

DISCHARGE SUMMARY & PRESCRIPTION

Medway
NHS Foundation Trust



Consultant:

MR AHMED

Specialty:

ORTHO

GP Name & Address:



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

Patient Forename:

KATRINA

Surname:

MARGERY

Address:

Telephone Number:

NHS Number:

PAS Number: I

Date of Birth:

Admission Date:

Discharge Date:

Time:

Ward:

Gender:

Male/Female (please delete)

Sign:

Allergies:

NKDA

MRSA Status:

Operative Procedure:

RIGHT HUMERUS REMOVAL OF NAIL, PLATING AND BONE GRAFTING

Primary Diagnosis:

Secondary Diagnosis:

NONUNION HUMERAL FRACTURE RIGHT

Outpatient/Follow Up Appointment: Yes/No

Name of Clinician:

MR AHMED

Date:

6/52

History and Physical Findings:

IM NAILING FOR # MIDS shaft HUMERUS 11 MAY 2009

Investigation Results:

Medication Stopped on Admission:

Has VTE risk assessment form been completed Yes/No

Patient aware of Diagnosis? Yes/No (please delete as appropriate)

Coexisting Problems (poor mobility, need for district nurse, social problems):

Further Notes: (including post discharge requirements for GP i.e. Blood Tests)

OPD 6/52

Authorised Discharge:

Discharging Dr's First Name:

KASHIF

Surname:

MEMON

Signature:

Specialty:

T&O

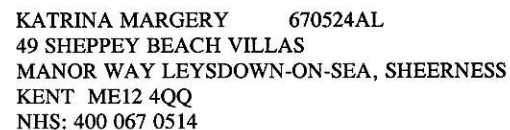
Status:

SHO

Contact Number and Bleep:

775

Medway
NHS Foundation Trust



Address:

Date:

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