

THE MEDWAY NHS TRUST - DISCHARGE LETTER AND PRESCRIPTION

Dear GP _____

Date _____

Your Patient _____



Address _____

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

Unit No. 670524AL.

ADMISSION DATE 4/5/9.

WARD OCELOT.

HOSPITAL MMH.

DISCHARGE DATE 5/5/9.

CONSULTANT S. AHMED

PRINCIPAL DIAGNOSIS # 2 shaft humerus.

COEXISTING PROBLEMS

u slab hanging cast + collar and cuff.

OPERATIVE PROCEDURES

DISCHARGE MEDICATION: FOUR WEEKS TREATMENT WILL NORMALLY BE PROVIDED FOR CONTINUING THERAPY

Drug Sensitivity					CHILD RESISTANT CONTAINERS REQUIRED		YES	NO
Drug (Approved Name)	Route	Dose (Metric)	Directions	WHEN MEDICATION RUNS OUT		Doctors Signature	PHARMACY Date/Qty/Sig	
				OBTAIN FROM GP	STOP			
CODIPAROL	PO	T	200	✓		[Signature]		
DICLOFENAC	PO	50mg	TDS	✓				

OTHER TREATMENT AND RECOMMENDATIONS

INFORMATION GIVEN TO PATIENT / RELATIVES

FOLLOW-UP ARRANGEMENTS

AN OUT-PATIENT APPOINTMENT HAS / HAS NOT BEEN MADE

REFERRAL TO OTHER AGENCY, e.g.

Consultant, Health Visitor, Social Services

f/u 1/52 # clinic

DATE 21 MAY 2009

COMPLETED BY DR. [Signature]

STATUS SHO

DATE 3/5/9.

For further information please contact the appropriate Ward Manager

THE TOP COPY SHOULD BE SENT TO THE GP AS SOON AS POSSIBLE.
THE SECOND COPY (YELLOW) SHOULD BE RETAINED IN THE NOTES.
THE THIRD COPY (GREEN) SHOULD BE GIVEN TO THE PATIENT.