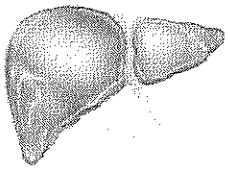
Cambridge University Hospitals NHS
NHS Foundation Trust

Date as postmark

PRIVATE AND CONFIDENTIAL
Mr Richard C DEAN
19 Adderley
Bretton
Peterborough
PE3 8RA



EASTERN LIVER NETWORK

Eastern Liver Network
Box 210
Cambridge Biomedical Campus
Hills Road
Cambridge
CB2 0QQ

HCV Helpline: 01223 274674
www.easternliver.net
add-tr.hepatitis@nhs.net

Dear Mr DEAN

New treatment can cure Hepatitis C infection

MRN: 4399644 NHS: 498 167 2195

We are writing to you today because our records show that you have tested positive for hepatitis C infection in the past but may not have seen a specialist to be treated for the condition.

Hepatitis C infection can lead to serious liver disease and cancer if untreated. The good news is that there are now easy treatments in the form of a short course of tablets that can cure almost all people with hepatitis C. These have replaced much more difficult treatments that we offered in the past.

We want to make sure that we do not miss anyone who might benefit from treatment. So, Public Health England, NHS England and The Hepatitis C Trust (the national patient organisation) are supporting this plan to contact people who have ever had a diagnosis of hepatitis C.

In your case, the infection might have gone away on its own without any treatment (this happens for one in every five people who are infected) or you might have been successfully treated already and we are unaware of this. If so that is great news.

If you are not sure about your own situation we can check if you have hepatitis C with a simple blood test. This is called a PCR test. If it is positive, we can offer you an assessment for treatment in the NHS - so please call **01223 274674 (Tuesdays, Wednesdays 12:30-15:00 and Fridays 13:00-15:00)**, email add-tr.hepatitis@nhs.net or check www.easternliver.net to find out where testing is available close to you or arrange for testing through your GP.

There is also a possibility that the information we have about you is not accurate. If we have got your personal details wrong, or you have not had a diagnosis of hepatitis C in the past then we sincerely apologise for any distress this letter may have caused. We would be grateful if you could tell us that this is the case so we can correct our records. You could also contact PALS (Patient Advice and Liaison Service) on 01223 216756. The office is open 09:00 to 16:00 Monday to Friday.

If you would like to talk to someone about hepatitis C, the Hepatitis C Trust runs a helpline on 0845 223 4424 or 020 7089 6221. It is open 10:30 to 16:30 Monday to Friday.
Alternatively you may email them at helpline@hepctrust.org.uk. More information is also available online at: https://www.nhs.uk/conditions/hepatitis-c/ and http://www.hepctrust.org.uk/

Yours sincerely

Dr Will Gelson
Consultant Hepatologist

Dr Ashley Shaw
Executive Medical Director

Cc:

BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2EJ
01733 307840

The test for chronic carriage of hepatitis C is an HCV RNA PCR, which is usually tested from an EDTA bottle. Thank you for your help with this process.

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR A YASIN

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

To: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

21st SEPTEMBER 2015

Tel: 01733 678000
(If DDI prefix extension number with 67)

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear Dr BOROWICZ

Your patient attended our Department on MONDAY 21st SEPTEMBER 2015 at 9:57 am

Referred by: SELF

Their presenting complaint was:-
CHEST PAIN

On examination I found:-
CHIPPLE PAIN

Investigations: 12 LEAD ECG PERFORMED

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: ,

Immunisation:

Treatment: ADVICE - VERBAL

Disposal: ALLOWED HOME

Yours sincerely

WALTER - ED DOCTOR
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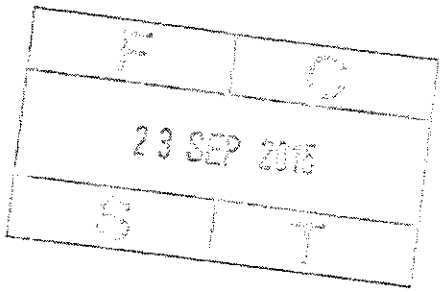


EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR C THOMPSON

To: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

21st NOVEMBER 2014

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone:

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear Dr BOROWICZ

Your patient attended our Department on FRIDAY 21st NOVEMBER 2014 at 12:12 pm

Referred by: SELF

Their presenting complaint was:-
SOB

On examination I found:-

Investigations: X-RAY

Investigations: BIOCHEMISTRY

Investigations: 12 LEAD ECG PERFORMED

Diagnosis: OTHER - MEDICAL,

Immunisation:

Treatment: INTRAVENOUS CANNULA

Treatment: INFUSION FLUIDS

Treatment: RECORDING VITAL SIGNS

Disposal: WARD B12 - RESPIRATORY

Yours sincerely

ZOSMER - ED DOCTOR
Automatically generated and therefore unsigned.

Lincolnshire Community Health Services NHS
NHS Trust

Peterborough MIU
City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 776330

Dr Mike Borowicz

Lincoln Road Surgery,
63 Lincoln Road,
Peterborough PE1 2SF
21 Nov 2014

Dear Dr Mike Borowicz

Re: Mr Richard Dean Date of Birth: 30 Sep 1962 NHS No: 498 167 2195
19 Adderley
Bretton
Peterborough
PE3 8RA

The above patient presented to the MIIU department on 21 Nov 2014 with chesty hard to breathe.
Please see below for further details of diagnosis.

Type	Coding
investigation	None
Diagnosis	Nothing abnormal detected
Treatment	None (consider guidance/advice option)

Medication Issued: none

Discharge method: Left before treatment

The above initial diagnosis may require the results of investigations before a definitive diagnosis can be assumed.

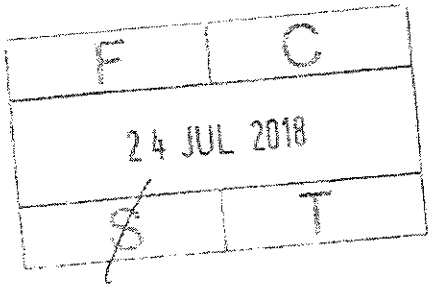
If you have any queries, do not hesitate to contact the department.

Yours sincerely

Peterborough MIU

Copy to GP

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**



NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177
		Patient telephone number	07787654419 (Home)

Admission details

Date of admission 20/07/2018 19:44
Source of admission Not known
Admission method Other - Not Known

Department & Contact Details - MAU

Discharging Consultant Name - Dr Chatterji

Primary / Main Diagnosis on Admission/Clincal Summary
Laxative induced one episode of bloody diarrhoea

Co-morbidity
Ex IVDU
DVT
Hepatitis C
Anxiety
Previous OD

Follow Up / Treatment on Discharge & Discharge Details
Patient was previously seen by Dr Amin as an out patient for dysphagia however, missed his follow up. Patient needs to be seen by the gastro team as an out patient in 2-4 weeks time.

Management & Progress
This 55 year old gentleman admitted with one episode of bloody diarrhoea following movicol ingestion for constipation. No other systemic complain.

On examination there was no systemic abnormality.

Bloods were done and was normal.

Patient was feeling well and was safely discharged home after being reviewed by Dr Chatterji with follow with the gastro team.

Mandatory Items - Nothing to report

Acute Kidney Injury (AKI) - No AKI

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

Allergies & Adverse Reactions - Penicillin

Changes to Drugs Since Admission - No Changes

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Person completing record

Name Bindu Thomas

Designation or Discharge role Dept\Ward Discharge

Date completed 21/07/2018 08:35

Discharge details

Discharging consultant FKLE

Discharging specialty/department Nephrology

Ward PCH Medical Assessment Unit

Date of discharge 21/07/2018 08:45

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 430875/1

Date Printed 21/07/2018 08:35

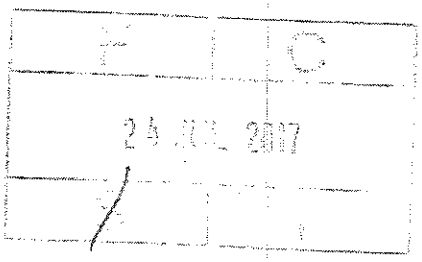
Signed Bindu Thomas [Dept\Ward Discharge]
Imran Shahriar [Medical Staff]

[430875/1]

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

aspire

Private and Confidential
Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ



21/7/2017

Dear Doctor

Re Richard Dean 19 Adderley Bretton Peterborough PE3 9PG DOB 30/9/62

Please find enclosed a recent ECG we performed at the service, which our doctor here has seen to have ST-T wave abnormalities which in his view require further investigation by yourselves to determine any possible further action needed.

Yours sincerely

Lawrence O'Hara RGN
Clinical Services Co-ordinator
Aspire

ECG 12 Lead - 14/07/2017 14:41:21

HealthWatch

Analysis Report

Patient Name:	RICHARD DEAN	**Analysed by:**	Ayshea Murphy/Sarah Ashurst
Patient ID:	790207	**Analysed on:**	14/07/2017 15:03:46
Birth Date:	30-09-1962	**Analysis version:**	4

Reason for call

Feels run down on methadone and mirtazepine

ECG Quality

Baseline wander

ECG Analysis

Sinus rhythm rate 83 bpm
Frontal plane QRS axis is normal
Good R wave progression across the precordial leads
No pathological Q waves

Non-specific but significant ST-T wave abnormalities (widespread)
T wave morphology makes accurate measurement of the QT interval difficult therefore, cannot rule out a prolonged QT interval

Comment

(Any suggestions made are intended to be helpful but are always subject to the over-riding clinical opinion of the responsible healthcare professional)

Findings as above

No action needed at this time.
ST-T wave abnormalities
→ send copy to GP for further investigation
RD (DR)

3,

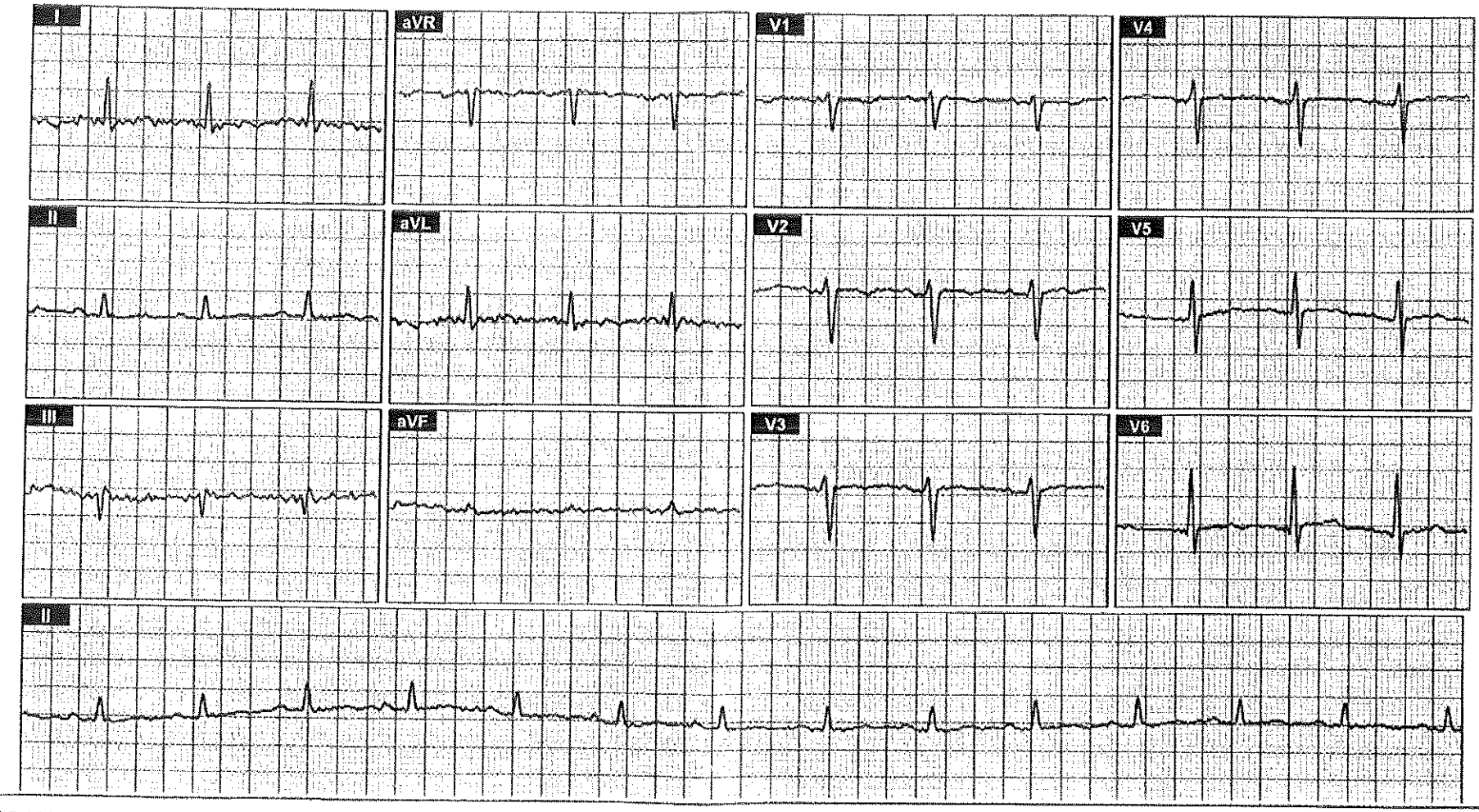
ECG 12 Lead - 14-07-2017 14:41:21

HealthWatch

Measured Parameters

Lead:	I	Measured by:	AYSHEA MURPHY			
Rate:	83 BPM	ST:		QRSD:	0.1 Sec	Tamp:
PR:	0.166 Sec	Pamp:		QTc:	0.441 Sec	
QT:	0.374 Sec	RR:	0.72 Sec	QRSamp:		

Voltage: 2 Squares/mV Speed: 5 Squares/sec Filter: 25 Hz



Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live

Aspire
Recovery Service
Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date/Time: 15/09/2023

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr

Date 15/09/2023

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of heroin
F13.2 Mental and Behavioural Disorder due to the use of benzodiazepine

Impression
Richard attended on time and presented slightly low in mood, he had his credit card stolen and a lot of problems to sort things out. He was polite and cooperative throughout the consultation.

Management plan

1. We have agreed to continue with the same regime for the Espranor

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Peterborough
PE1 1DY

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Change Grow Live | Aspire Recovery Service
Peterborough City Centre

2. We will start a reduction of the Diazepam by 2mg forthrightly with stop at 15mg for 4 weeks and then re-start reduction by 2mg a month till 0 as was agreed when we started prescribing
3. Richard has been tested in January for Hep C and RNA was not detected
4. Naloxone discussed and accepted, discussed high risk of overdose due the presence of heroin contaminated with powerful synthetic opioid
5. Discussed importance of social distancing and procedure to reduce the probability to be exposed to COVID-19
6. Next medical review in 24/52 or earlier if needed
7. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CGL
Espranor 6mg od; Diazepam 25mg od

Current prescription from GP
Omeprazole; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

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E: peterborough@cgl.org.uk
W: www.changegrowlive.org

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Peterborough City Centre

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Benzodiazepine

Physical Health
Hep C positive in the past but few months ago HCV RNA not detected. He also had history of DVT, last episode three years ago, he has had also a CT scan two years ago for a suspect pulmonary embolism, negative. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

Social History
He lives on his own. He has no driving licence. He has six adult children and he has regular contact with them. He is currently on ESA.

Risks identified

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

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W: www.changegrowlive.org

Change Grow Live

Aspire
Recovery Service
Peterborough City Centre

Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.
3. Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

North West Anglia
NHS Foundation Trust

Dept of Diabetes & Endocrinology 006
Consultant: Dr. J. Rajkanna

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 673699
Fax: 01733 678554
Switchboard: 01733 678000
Email: nwangliaft.renal-diabetes-endocrinesecs@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 21 Jan 2019
Priority **routine**

Transcribed: 25 Jan 2019
Reference: JR/SC

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

According to your referral it seems to be like you are suspecting a post primal hypoglycaemia. I would appreciate if you could provide him with a Glucometer to check whenever he gets symptoms and I will send an appointment in due course.

Thank you

Please call 01733 673699, 01733 673700 or 01733 673706. Our new email is nwangliaft.renal-diabetes-endocrinesecs@nhs.net

Yours sincerely

R. J. Rajkanna

Electronically signed by
Dr Jeyanthy Rajkanna
Consultant in Diabetes and Endocrinology

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Dept of Colorectal Surgery 202

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677581
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	21 Feb 2017	Switchboard:	01733 678000
Priority	**routine**	Email:	Alison.McDermott@pbh-tr.nhs.uk

Transcribed: 24 Feb 2017
Reference: KS/JB

Pooled Boroughbury,
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Thank you for referring this 54 year old gentleman who feels that he has lost a significant amount of weight and has also been experiencing constipation and is not going regularly. He denies having any bleeding per rectum.

His **past medical history** includes drug dependence and drug overdosage. He developed a DVT for which he is on Warfarin. He feels that he has stopped using drugs four years ago.

His **current medications** include Warfarin, Tamsulosin, Diazepam and Metazapam.

His abdominal examination was unremarkable and rectal examination showed soft stools.

I have advised him to start taking Laxido on a regular basis because of his past history he is a bit anxious that we will need to reverse the Warfarin so at this stage I have organised a CT colonoscopy and if that is clear then he would not need any further intervention.

Mr. Richard C DEAN - 30 Sep 1962, 498 167 2195

Yours sincerely

K Saeed.

Electronically signed by
Mr Khurram Saeed
Speciality Doctor
FRCS(Edin) FRCS (Gen Surg)

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

DR JL COCKERILL
CRAIG STREET
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2EJ

Ref: 0180751 **Reporting Date:** 22 Aug 2018

NHS Number: 4981672195

Order Number: 0288627 **Scan Date:** 21 Aug 2018

Dear Dr COCKERILL

Re: MR RICHARD C DEAN **Date of Birth:** 30/09/1962

19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA

Service Description: NHS ULTRASOUND ABDOMEN
SCANNED on 21/08/2018

CLINICAL INDICATIONS: White stools ? gallstones.

Scan performed after full explanation and verbal consent obtained from patient.

ULTRASOUND FINDINGS:
Normal liver size and parenchyma with no focal lesion or biliary duct dilatation evident.
Normal calibre common duct.
Normal appearances of the aorta, pancreas, gallbladder, spleen and both kidneys.

CONCLUSION:
Normal upper abdominal organs demonstrated on ultrasound with no cause for presenting symptoms identified.

TERESA SIMMS RA32527

Read, verified and digitally signed to avoid delay

Thank you for referring this patient

Peterborough and Stamford Hospitals

NHS Foundation Trust

Gastroscopy Report

Patient Details

Patient Name: Mr RICHARD C DEAN
D.O.B.: 30/09/1962
Hospital Number: DIS0529177
NHS Number: 4981672195

Address: 19 ADDERLEY BRETTON
PETERBOROUGH
PE3 8RA

Requested By: Mr Khurram Saeed

GP: POOLED BOROUGHBURY
BOROUGHBURY SURGERY CRAIG STREET
PETERBOROUGH PE1 2EJ

Examination Details

Medication
No sedation.
No analgesia.
Pharyngeal Lignocaine - Topical.

Endoscope
GIF-Q260, 2533013

Patient Location & Priority
Out-patient - urgent.
Procedure intention: Diagnosis.

Indication
Weight loss.

Report

Level reached
The endoscope was introduced to: the 2nd part of the duodenum.
The limit of examination was reached by the endoscopist.
The procedure was completed as intended.

Findings
Oesophagus: ? Dysmotility with tight GOJ sphincter.
Stomach: The stomach appeared normal.
Pylorus: The pylorus was normal.
Duodenum: The duodenal cap and second part were normal.

Theraputic Procedures
No auditable therapeutic procedures performed.

Complications
There were no complications during the procedure.

Specimens
Pot 1: Histology: forceps biopsy from the 2nd part of the duodenum.

Aftercare
No aftercare required.

Patient Pathway
Return to referring consultant.

Conclusion

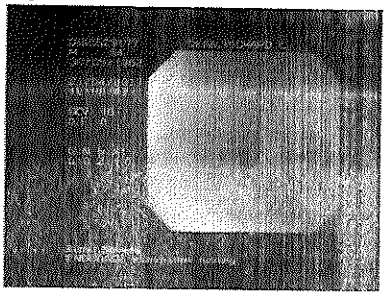
No cause found for weight loss.
There were oesophageal contraction that were suggestive of dysmotility and the GOJ was quite tight.

Examined by

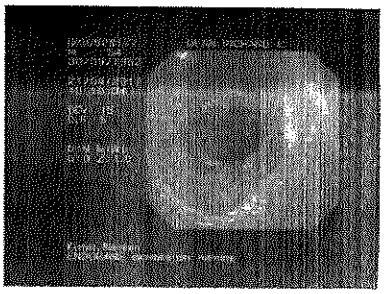
Endoscopist: Naveen Kumar, Endoscopist

Images

Tight GOJ



D2



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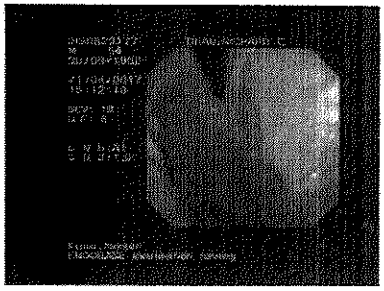


Peterborough and Stamford Hospitals [redacted]
NHS Foundation Trust

Flexible Sigmoidoscopy Report

Patient Details

Patient Name: Mr RICHARD C DEAN
D.O.B.: 30/09/1962
Hospital Number: DIS0529177
NHS Number: 4981672195

Address: 19 ADDERLEY BRETTON
PETERBOROUGH
PE3 8RA

Requested By: Mr Khurram Saeed

GP: POOLED BOROUGHBURY
BOROUGHBURY SURGERY CRAIG STREET
PETERBOROUGH PE1 2EJ

Examination Details

Medication
No sedation administered.
Entonox - oral.

Endoscope
PCF-Q260AL, 2810412

Patient Location & Priority
Out-patient - urgent.
Procedure intention: Diagnosis.

Indication
Abnormality on CT - thickened sigmoid colon.

Report

Bowel Prep
Bowel cleansing agent: Phosphate enema. Quality: Adequate.
Level reached
The endoscope was introduced to: the descending colon. Rectal retroversion performed.
The limit of examination was reached by the endoscopist.
The procedure was completed as intended.

Findings
Anus: The anus was normal.
Colon: The colon was normal to the point of insertion.
Polyp Findings
No Polyps identified.

Theraputic Procedures
No auditable therapeutic procedures performed.

Complications
There were no complications during the procedure.

Specimens
No polyp specimens taken.

Aftercare
No aftercare required.
Patient Pathway
Return to referring consultant.

Conclusion

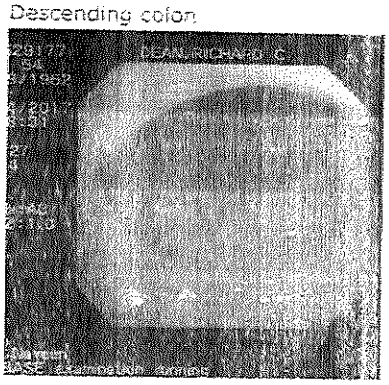
No cause found for the CT findings.
Suspect it was spasm.

Examined by

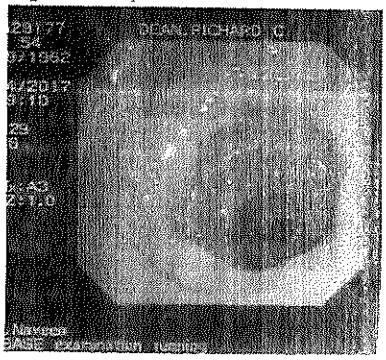
Endoscopist: Naveen Kumar, Endoscopist

Images

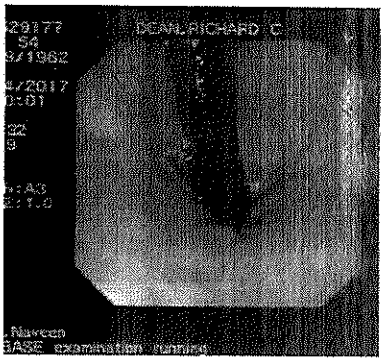
Descending colon



Sigmoid - spasm



Rectum



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26 APR 2017	
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North West Anglia
NHS Foundation Trust

Respiratory Dept 309
Consultant: Dr. S. Brij

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 673842 or 673870
NHS No:	498 167 2195	Fax:	01733 676787
Clinic Date:		Switchboard:	01733 678000
Priority	**routine**	Email:	peh-tr.respiratoryadmin@nhs.net

Transcribed: 20 Oct 2017
Reference: SB/SB

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Mr Dean was admitted for investigations of weight loss. He has a tight gastro-oesophageal junction on endoscopy but he was not complaining of dysphagia. I note that in May 2017 he has had a normal sigmoidoscopy.

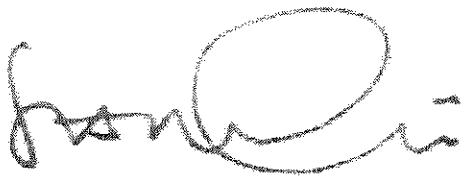
Mr Dean underwent a CT scan that has essentially excluded a solid organ malignancy. In particular, there is no evidence of lung cancer nor liver metastasis.

On the day of discharge, his bloods were abnormal (for the first time!) and **I would be grateful if his full blood count could be repeated please.**

Please also note the addendum that has been added to his TTO. Mr Dean is not a current drug user. He stopped using drugs 4 years ago.

Thanking you in anticipation.

Yours sincerely



Electronically signed by
Dr Seema Brij
Consultant Respiratory Physician

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

North West Anglia
NHS Foundation Trust

ACUTE MEDICINE
Medical Assessment Unit Dept .014

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 673341
Fax: 01733 678524
Switchboard: 01733 678000
Email: nwangliaft.mausecretaries@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Priority: **urgent**

Transcribed: 20 Nov 2018
Reference: SC/SB

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

This is to inform you of the CT, thorax, abdomen and pelvis results of the above mentioned patient. This was done in view of change in his bowel habit and weight loss. The results are as follows: No obvious malignancy is identified. No evidence of significant lymphadenopathy. There is a 10 mm node in the right upper lobe, most likely to be chronic, but three months follow-up to confirm stability, has been recommended. So I would be very grateful if you could kindly organise this gentleman to have a repeat CT thorax in three months time.

Thank you

Yours sincerely

Electronically signed by
Sarah Choudhury
Consultant Acute Physician

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-006021-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 20 Jan 2020 13:02
Type: New Attendance
Previous Attendances: 76
Presented With:(complaint) ABDO PAIN
Incident Type: Other than above
ED Clinician: Michelle Cheung

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Deep vein thrombosis **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:
1. U/S RT LEG COMP VENOGRAPHY WELLAND PTS
Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Other Outpatient Clinic **Ward:** 0
Follow up:
Left Department: 20 Jan 2020 15:23

TTO Detail:

CLINICIAN E-NOTES:

History of Presenting Problem: 4-5 day history of epigastric pain. intermittent sharp pain. has had on and off for a while. no reflux or indigestion. no radiation of pain. no vomiting. PU as normal. BO - white in colour. also has pain and swelling in the back of his right leg / knee. has been diagnosed with a DVT.
Past Medical History: DVT. ? hep C. previous USS absdo last year - liver calcifications. otherwise normal.
Current Medications: apixiban. diazepam. tamsulosin. ALLERGY: PENICILLIN
Smoking, Alcohol, Drugs, Family and Social History: lives alone. non smoker. no alcohol. no drugs. indepedent.
Observations and General Examination: B: chest clear RR 18 SaO2 99% A
C: HS 1+2+0 BP 119/82 HR 90
abdo soft. tender epigastric region. no guarding. BS +. able to sit up and down on the bed comfortably.
PR - chaperoned by HCA Paulina. normal / slighty pale /fatty coloured stool
right leg - slightly swollen behind the right knee with bruising. says has not sustained an injurry. right leg 43 cm. left leg 40cm. warm and well perfused and mobilising as normal. CRT < 2 pedal pulses present
Differential Diagnosis: chronic abdo pain
? recurrent DVT / ruptured bakers cyst
Management or Treatment Plan: d/w Dr Avi - ACU/DVT clinic for repeat scan. cont apixiban.
simple analgesia for abdo pain.
called ACU - appointment for tomorrow at 9:30. card given to patient. FU with GP re abdo pain - chronic problem. reassured today.

EMERGENCY DEPARTMENT
el. No. (01733) 673285

NSULTANT: DR C COPE↕

: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

F	C
23 OCT 2018	
S	T

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

19th OCTOBER 2018↕

Tel: 01733 678000
(If DDI prefix extension number with 67)

f: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ar POOLED BOROUGHBURY ↕

ur patient attended our Department on FRIDAY 19th OCTOBER 2018 at
15 pm

ferred by: SELF

INICAL DETAILS
eir presenting complaint was:- DARK URINE

examination I found:-

tient declared allergies at ED attendance: PENICILLIN↕

vestigations: URINE TESTING

vestigations: NONE ↕

agnosis: NOTHING ABNORMAL FOUND, ↕

munisation: ↕

eatment: RECORDING VITAL SIGNS

eatment: ADVICE - VERBAL ↕

sposal & Discharge Details: DISCHARGED TO CARE OF GP↕

urs sincerely

SIDDIQUE - LOCUM ED DOCTOR
tomatically generated and therefore unsigned.

NHS

Ward 3B12 (Respiratory)

tel no: 01733 677725

Peterborough & Stamford Hospitals
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
01733 678000

FAX

To: Boroughbury Surgery

From: B12 PCH

Date: 19-10-17

Fax No: 01733 566945

Number of pages (including cover sheet): 7

F | C

20 OCT 2017

/ | T

PRIVATE AND CONFIDENTIAL

Re: Richard Dan

Page 1 of 7

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

Word B12 67733

Date 19-10-17

Boroughbury Surgery
Craig street
Peterborough
PE1 2EJ
Tel 01733 307840

Dear GP Doctors

RE Richard C Dean DOB: 30/9/1962 NHS 496 167 2195

Please Can you Please Review The updated discharge letter.

Fall in haemoglobin levels, Platelet + WBC Count
136 (146) 88 (136) 2.9 (5.7)

noted on dy of discharge. Pt is on NOAC for recurrent DVT.

Please Can you monitor and recheck FBC urgently

Kind Regards

Dr [illegible]
SHO in Respiratory with B12

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000

DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN
Patient address	19 ADDERLEY BRETTON PETERBOROUGH PE3 8RA

Patient sex	Male
Date of birth	30/09/1962
Patient marital status	Single
NHS number	498 167 2195
Other identifier	DIS0529177
Patient telephone number	07787654419 (Home)

Admission details

Date of admission	13/10/2017 21:44
Source of admission	Not known
Admission method	Other - Not Known

Department & Contact Details
Respiratory Medicine: Secretary - 01733 673867

Discharging Consultant Name - Dr S Brij

Method of Admission - Emergency

Reason for Admission/Clinical Summary
55 year old gentleman admitted with weight loss ?cause, about 15kg in the last 6 months despite eating and drinking well. Has had repeat attendances to ED feeling generally unwell with numerous non-specific symptoms. He presented with productive cough with brown sputum, pain over renal pelvic area intermittently, one episode of epistaxis, constipation and intermittent abdominal pain. He also reports recent IV drug use for at least four years, is currently on long term methadone.

He has had a CT CAP while in hospital - we are currently awaiting the report, but no obvious lung lesion seen on the scan. Sputum is negative for acid-fast bacilli. Dr Brij (consultant) has reviewed the patient and he is medically fit for discharge. No cause of weight loss has been identified. Observations are stable.

Primary / Main Diagnosis - Weight loss, unknown cause.

Co-morbidity
Ex IVDU
DVT x2, on lifelong edoxaban
Hepatitis C
Anxiety

Treatments / Operations / Procedure
CT chest abdo pelvis with contrast performed, awaiting report.

Management & Progress
Patient appears clinically well, observations stable, MFFD.

Blood transfusion / blood components given - NO

Continuing Rehabilitation / Follow Up / Future Plan Arrangements - GP Instructions

Additional Information for GP

GP to consider gastroenterology referral if continued weight loss.
Awaiting CT CAP report, if any significant finding, we will contact the patient.

Addendum added by okaform on 19/10/2017 14:52:46.
Dear GP,

please note on day of discharge; fall in Hb 136(146) , platelet 88 (136) and WCC levels 2.9 (5.9)? artefact. please can you review patient and repeat FBC.

Amber Care Bundle / Personalised Care Plan - Not applicable to this patient

Allergies & Adverse Reactions - Penicillin

Anticoagulation - On Edoxaban

Indwelling / Invasive Devices on Discharge - None

Discharged To / Discharge Details - Usual Residence

Infection Control Information - For This Admission - MRSA Negative

Potential Memory Concern Identified - No

Acute Kidney Injury (AKI) - No AKI

Swallowing Advice / Diet & Fluids - Normal Fluids and Normal Diet

Detailed Changes to Drugs Since Admission & Reason
Pharmacist Note: Contacted Aspire and City Pharmacy to allow release of Methadone prescription for Mr Dean to collect tomorrow (19/10). GP to review Tamsulosin, it has been prescribed although patient refusing and note stating last issued in March 2017. KT 18/10

TTOs

TTO Drug	Dose	Frequency	Route	Duration	GP Action	Source	Signatory	Amended
EDOXABAN 60mg TABLETS	60 mg	Once daily	Oral	ON HOLD RESTART FROM MONDAY 23/10/17	None	TTO	rahimia	turnerk3
SENNA 7.5mg TABLETS	7.5 mg	Once at Night	Oral	continue till bowels are normal	None	TTO	rahimia	turnerk3
MIRTAZAPINE 15mg TABLETS	15 mg	Once at Night	Oral	CONTINUE	None	TTO	rahimia	turnerk3
DIAZEPAM 5mg TABLETS	5 mg	Three Times a day	Oral	REVIEW (7 DAY SUPPLY)	None	TTO	rahimia	turnerk3
TAMSULOSIN 400microgram M/R CAPSULES	400 micrograms	Once daily	Oral	GP TO REVIEW	None	Not Dispensed	rahimia	turnerk3
METHADONE 2mg/5mL LINCTUS	35 mLs	Once in the morning	Oral	PATIENT TO COLLECT ON 19/10 FROM LOCAL	None	Not Dispensed	rahimia	turnerk3

				PHARMACY				
DIAZEPAM 2mg TABLETS	PC: 2 mg	Once daily	Oral	REVIEW (7 DAY SUPPLY)	None	TTO	turnerk3	turnerk3

Checked By: Kerrie Turner, 18/10/2017 10:42

GP practice

GP practice details
x Boroughbury Surgery
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ
Phone: 01733 307840

GP practice identifier D81026

Person completing record

Name Sally Makansi
Designation or Discharge role Dept\Ward Discharge
Date completed 19/10/2017 14:56

Discharge details

Discharging consultant DR S BRIJ
Discharging specialty/department Thoracic Medicine
Ward PCH Ward B12 Respiratory
Date of discharge 18/10/2017 13:23

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 372643/1

Date Printed 19/10/2017 14:56
Signed Madonna Okafor [Medical Staff]
Sally Makansi [Dept\Ward Discharge]
Grace Kiew [Medical Staff]
Kerrie Turner [Pharmacist]
Abdul Hameed Rahimi [Medical Staff]

Copy to Patient

RICHARD C DEAN | NHS number: 4981672195 | Hospital Number: DIS0529177

For Attention of GP.

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000

DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN
Patient address	19 ADDERLEY BRETTON PETERBOROUGH PE3 8RA

Patient sex	Male
Date of birth	30/09/1962
Patient marital status	Single
NHS number	498 167 2195
Other identifier	DIS0529177
Patient telephone number	07787654419 (Home)

Admission details

Date of admission	13/10/2017 21:44
Source of admission	Not known
Admission method	Other - Not Known

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Primary / Main Diagnosis - Weight loss, unknown cause.

Co-morbidity
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Treatments / Operations / Procedure
CT chest abdo pelvis with contrast performed, awaiting report.

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Blood transfusion / blood components given - NO

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Allergies & Adverse Reactions - Penicillin

Anticoagulation - On Edoxaban

Indwelling / Invasive Devices on Discharge - None

Discharged To / Discharge Details - Usual Residence

Infection Control Information - For This Admission - MRSA Negative

Potential Memory Concern Identified - No

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Swallowing Advice / Diet & Fluids - Normal Fluids and Normal Diet

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Checked By: Kerrie Turner, 18/10/2017 10:42

GP practice

GP practice details
x Boroughbury Surgery
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ
Phone: 01733 307840

GP practice identifier D81026

Person completing record

Name Sally Makansi
Designation or Discharge role Dept\Ward Discharge
Date completed 19/10/2017 14:56

Discharge details

Discharging consultant DR S BRIJ
Discharging specialty/department Thoracic Medicine
Ward PCH Ward B12 Respiratory
Date of discharge 18/10/2017 13:23

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Letter Ref 372643/1

Date Printed 19/10/2017 14:56
Signed Madonna Okafor [Medical Staff]
Sally Makansi [Dept\Ward Discharge]
Grace Kiew [Medical Staff]
Kerrie Turner [Pharmacist]
Abdul Hameed Rahimi [Medical Staff]

Cambridgeshire and Peterborough NHS
NHS Foundation Trust

Understanding mental health, understanding people

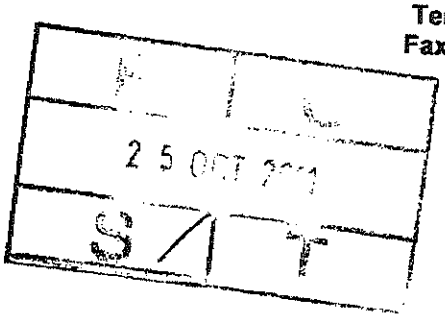
Our Ref: RB/DSP/ FG/dean Richard 2011_10_19 gpltr

Clinic Date: 17.10.11

Peterborough Drug Services
62 Lincoln Road
Peterborough
PE1 2SN

Tel: (01733) 898 385
Fax: (01733) 758 333
www.cpft.nhs.uk

PRIVATE & CONFIDENTIAL
Dr Panday
The Surgery
63 Lincoln Road
PETERBOROUGH
PE1 2SF



Date: 19th October 2011

Dear Dr Panday

RICHARD DEAN (DOB: 30.09.62)
19 ADDERLEY, BRETTON, PETERBOROUGH, PE3 8RA

Richard was seen in the PNDip clinic on the 17th October. He is presently on 80mls Methadone Mixture 1mg/1ml daily and states he has not used Heroin for about the last 10 days; when he did use, he injected about 0.2g into his groin. He tells me he is on 17mgs Diazepam from you. He also tells me he has been on Mirtazapine but is presently not taking this.

We have continued him on his current prescription and he will be firmly encouraged to work towards recovery as a central goal of his treatment with this service.

He will be followed up as necessary by his Keyworker and seen again in clinic in due course.

Yours sincerely

DR R BASI
Peterborough Drug Services

NHS 111 Report - For Information

DEAN, Richard *Born* 30-Sep-1962 *Gender* Male *NHS No.* 498 167 2195
Local Patient ID DB6FD91C-EDB3-407C-82A3-C90984FC5E10

Home Address
14 Drayton
Bretton
Peterborough
PE3 9XL

Emergency Phone 07787654419

GP Practice
Boroughbury Medical Centre (C&P)
Boroughbury Medical Surgery
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ

Phone 01733307840

Patient's Reported Condition

chest pain and upper abdominal pain

Case Summary

Disposition:
Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)
Dx0112

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Chest/upper back pain
Previously diagnosed heart problem
Pain present at time of assessment
Warm to touch
Pain started in the chest, upper back or upper abdomen in last 24 hours
Sudden onset pain
Crushing/severe aching pain, chest/back/abdomen
Dispatch Information
No indication scene unsafe
Taking anticoagulants

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: chest pain and upper abdominal pain
The individual was not fighting for breath.
Chest/upper back pain was the main reason for the assessment.
There was a previous diagnosis of a heart problem.
The individual had not experienced a previous heart attack.
There was no previous operation to unblock the arteries of the heart.
There was pain at the time of the assessment.
There had been no previous diagnosis of aortic aneurysm.
There had been no previous diagnosis of Marfan's syndrome.
There had not been a previous diagnosis of a genetic disorder affecting major arteries.
The skin on the torso felt normal, warm or hot.
The pain started in the chest, upper back or upper abdomen in the last 24 hours.
There was sudden onset pain.
The pain was moderate to severe when it started.
There was crushing or severe aching pain in the chest, upper back or upper abdomen.
User Comments: has had the pain for 24 hours
Instructions given were: An emergency ambulance is being arranged.
Further information to help with dispatch was given.
User Comments: easy to0 loacte
The patient did not have someone to stay with them.
There was no safeguarding concern.
The scene was safe.

The individual does not use GTN medication.
The individual was not allergic to aspirin.
There had been no vomiting of red or altered (coffee grounds) blood.
The individual was using anticoagulant medication.
Dosing instructions

Advice given:
If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**19-May-2026, 02:11**
Document Owner	**HUC 111**
Authored by	**** REDACTED ** ** REDACTED ** - Call Handler, Herts - Call Centre (HUC 111) on 19-May-2026, 01:09**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**19-May-2026, 01:04 to 19-May-2026, 01:09**
Case Reference	**3E9D3C5B-BABA-4E47-AA6A-2E18F109BB54**
Case ID	**5214243**
Encounter Disposition	**Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **14 Drayton Bretton Peterborough PE3 9XL**
Care Setting Type	
Responsible Party	**Hannah Graham - Medical Director, HUC 111**

Document ID **F3AB3B36-9402-4B87-B09A-6A1A0F6C6CE9** *Version* **1**

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-052216-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 19 Jun 2019 08:27
Type: New Attendance
Previous Attendances: 69
Presented With:(complaint)
CHEST PAIN SOB
Incident Type: Other than above
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:

INVESTIGATIONS:

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Ambulatory Care
Follow up:
Left Department: 19 Jun 2019 09:34

TTO Detail:

CLINICIAN E-NOTES:

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR A YASIN↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

19th JANUARY 2018↕

F	C
23 JAN 2018	
S	T

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on FRIDAY 19th JANUARY 2018 at 12:15 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- PAIN INBETWEEN SHOULDERS

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: ARTERIAL/CAPILLARY BLOOD GAS

Investigations: 12 LEAD ECG PERFORMED

Investigations: HAEMATOLOGY ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: MEDS - ORAL

Treatment: INTRAVENOUS CANNULA

Treatment: ADVICE - VERBAL

Treatment: ADVICE - WRITTEN ↕

Disposal & Discharge Details: REFER TO AMBULATORY CARE UNIT↕

Yours sincerely

OUNAS JAN - FY1, ED
omatically generated and therefore unsigned.