

Ex 442

FRASER COAST HEALTH SERVICE DISTRICT

HERVEY BAY HOSPITAL SEX UR NO
F 023129

DISCHARGE SUMMARY/ REFERRAL FORM

HERVEY BAY HOSPITAL (07) 4120 6666
MARYBOROUGH HOSPITAL (07) 4123 8222

4655

Ph (H)
Ph (B)
Anglican

M

HOME DUTIES

Press firmly on a hard surface with a ball point pen to ensure copies are of a good quality

GP Name: P. Ironsides (Dr)
Address:

Adm. Date: 15/6 Dis. Date: 17/6
Ward:
Consultant: Murphy Speciality: Ortho

Allergies:

Registrar:
RMO:

Discharge Diagnosis:
PIP Joint (L) Ring
& 5th Finger
Comorbidities/Significant Events:

Operations/Interventions:
Total Joint arthroplasty
Health Status/Prognosis on Discharge:

Notes (Please attach any significant investigation results/reports):

Medical Follow Up: GP Specialist Clinics
 Other: _____

MEDICATION ON DISCHARGE (OS = OWN SUPPLY)

Drug	Route/Dose/Frequency	Duration/Quantity	Own Supply	PHARMACY ONLY
<u>Paracetamol</u>				
<u> tramadol 50mg qd</u>				<u>20</u>
		<u>(w)</u>		
				<u>CM 17.6.04</u>
				<u>608055</u>
				CANCELLED

Date: 17.6.04 Print Name: S Krishna Signature of Medical Officer: [Signature]

HERVEY BAY HOSPITAL CNR URRAWEEEN RD & NISSEN STREET HERVEY BAY QLD 4655
MARYBOROUGH HOSPITAL 185 WALKER STREET MARYBOROUGH QLD 4650

COPIES: White - Medical Records : Pink - GP : Blue - Service Provider (community/hospital/nursing home/hostel patients) : Yellow - Caret/Patient

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