

**Immediate Discharge Letter
(Draft)**

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. Test GP

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 10/10/2017

Dear Dr Test GP,

Name	CHI	DoB	Address
Trak Six Dummyspatient	6666666666	07/04/1978	59 Testpatient Street Unknown NK010AA

Admitted	Type	Discharged	Destination
10/10/2017 14:16	In Patient	10/10/2017	

Specialty	Consultant	Ward	Telephone
General Medicine	Prof David Marshall	QEUH Ward 5A	01414522450 / 01414522451

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
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Date	Procedures/Interventions/Operations
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Clinical Comments: Dear Dr GP,
I notes written by the Dr on the ward to the GP.

Yours
Dr Smith

Treatments: None recorded.

Follow-up arranged: OP Appt

Planned Outpatient Investigations: Scope

Final Discharge letter to follow: yes FDL

Medication Info:**Allergies:****Height:** cm**Weight:** kg**Discharge Medication:**

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amoxicillin Capsules	Oral	200	mg	At 6pm	2 Days	
Warfarin Tablets	Oral	50	mg	Take the prescribed dose of warfarin at 6pm daily as directed in your yellow anticoagulant booklet	Inform patient of dose and refer to anticoagulation service	

Discontinued Medication:

Drug Name	Dose	UOM	Reason
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Yours sincerely,
Dr Jacob Benjamin
Consultant

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: