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T. N. N

Mediterranean Hospital of Cyprus

342116

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PATIENT DISCHARGE AND INFORMATION

License Registration Number:B/1/N	Episode No: 342116 Date: 18/08/2021
Department:	Department Manager:
	w()
1. Patient Demographic Information:	Consultant Doctor:
	MARIA TSITSKARI
D.O.B. UHID.No	HIO/ CODE: N/A
Dr. MARIA TSITSKARI	11107 3022.14//
Case No 342116	ID/ PASSPORT No: 0000707784
Partie general .	Job:
5. S.	Gender: Male
· · ·	Telephone: .
Hospitalization time Leave Days: Date of Admission: 17/08/2021	Date of Discharge: 17/08/2021
4. Referral Doctor	
	*
5. Patient's History	-
a. Patient's Medical History:- During this stay did you make any procedure r	relevant to a previous history:
6. Reason of Admission - Treatment	
a. Clinical note (briefly history of the patient symptoms)	
b. Primary Diagnosis (Final diagnosis – the one that brought the patie	ent to the hospital to be admitted, after examinations)
N02.8 Recurrent and persistent haematuria, other	her
Malignant neoplasm:	

- Please refer to the area with details or/ and refer to where it first appear if it is for metastasis:

C64 - Malignant neoplasm of kidney, except renal pelvis

c. Secondary Diagnosis (Diagnosis that were along with the Primary Diagnosis	s or happen during patient stay)
C78.0 - Secondary malignant neoplasm of lung	
d. Therapy – Clinical Procedures	4
- Clinical Procedure:	
39.77 Temporary (partial) therapeutic endovascular or on vessels, in abdominal vessels / 39.98 Control of he destruction or excision of renal lesion or tissue /	ecclusion of vessel / 39.796 Other endovascular procedures emorrhage, not otherwise specified / 55.39 Other local
- Therapy: Transarterial Embolization of the renal neoplasm w	rith particles (renal artery occlusion)
e. Surgical Findings	
GTA.	
f. Laboratory examinations	
g. Histopathology Examinations	
-	
h. Attachment	
_	
7. Discharge(Outcome)	
a. Mode/Type	
Normal	*
b. Status/Condition	•
8. Therapeutically – Medicines and Advices	
rest for 24 hours	
9. Next Visit	
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Doctor's Name: TSITSKARI MARIA	Date: n/a
Doctor's Signature:	Patient's Signature:
Consultant/Doctor:	Parental/Sibling:
ΤΕπχος Χεφουργο Αρ. Μητρώου 5366	

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