

THE HOSPITAL FOR SICK CHILDREN
DISCHARGE ORDERS

REFERRING DOCTOR'S NAME _____ TELEPHONE NO. _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

MSC NO. _____ (FIRST) _____
 PATIENT NAME (LAST) _____
 1631889 8C
 YR. SHORE, LISA
 98/03/15
 YR. 87/01/20 SEX F 97016256 (ION NO)
 RANG, MERCER MD
 MOTOR _____
 IMPRINT OR ENTER ABOVE DETAILS BY HAND

ORDERS

DATE: March 25 1998 DISCHARGED TO: _____

CONDITION ON DISCHARGE: _____

FINAL DIAGNOSIS(ES): Pain syndrome

OPERATIVE PROCEDURE: _____

ACTIVITY: WBAT

DIET: DAT

MEDICATION/TREATMENT: _____

FURTHER INVESTIGATIONS (H.S.C.): _____

FOLLOWUP H.S.C. CLINIC - DATE AND TIME: _____

Dr. Rangorito clinic 1 week
Dr. Jeavons (Psychiatry) 1 week

FOLLOWUP GENERAL CARE BY: _____

P.H.N. REQUIRED



NURSE'S SIGNATURE

C. Jones

DOCTOR'S SIGNATURE

DOCTOR FOR FINAL NOTE DICTATION

USE MEDIUM BALL POINT PEN

PLEASE...PRESS FIRMLY