

CONSULTATION SHEET

123

Hospital No.

Surname **HIRSCH**

First Names **NICHOLAS RYNESS**

M/F
M/S/W

Under Care of **KERNOFF**

Ward **Haemophilia**

D. of B. **GRO-C 76**

Date **10/3/85**

Dr/Mr. **Lagere**

Will you please see the above patient, and give your opinion regarding treatment/prognosis/diagnosis?

Clinical Notes and investigations:

This young boy has been transferred to our care from the Hospital for Sick Children, Great Ormond Street where he was registered after Haemophilia A (VIII:C13) was diagnosed at age 1 month. He attended the clinic regularly & was seen about 2 months ago. I would be grateful if he could be sent an appointment for dental check in 6 months & then be on your regular recall list for 6 monthly review. (He was anti-HTLVIII negative when tested at his last review.)
HBsAg negative.

Signed

GRO-C

Chief Consultant
Haemophilia/Surgeon

Reply

Will consultant, if he thinks fit, undertake the further care of this case?

Signed