

ANONYMOUS

000065

WITN/2131003

MAR

Hospital  
use  
Only

Clinic

Dr Mills  
(+1)Day  
Date12/3/96  
Tue

Time

1000

Hospital  
No.

GRO-B

GP112

REQUEST FOR OUT-PATIENT CONSULTATION  
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category

Routine ☐ Soon ☐ Urgent ☐

Hospital: Gartnaveil

Date 15.1.96

CHI No.

GRO-B

clinic of Dr/Mr Mills

Please arrange for this patient to attend the

Patient's Surname

GRO-B

Maiden Surname

First Names

GRO-B

Single/Married/Widowed/Other

Address

GRO-B

Date of Birth

GRO-B 54

GRO-B

Patient's Occupation

Postal Code

GRO-B

Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance

Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of  
MEDICAL/DENTAL PRACTITIONER

GRO-B

Please use rubber stamp

Hepatitis C

80005

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Mills,

Thanks for seeing this single 41 year old who is Hepatitis C positive.

She had a blood transfusion on 29.1.86 and has been discovered through the BTS 'look back' programme.

She is well and has normal liver function tests. I enclose her HCV testing.

I 'phoned Douglas Frame at BTS who informed me that specialist referral was advised in all cases.

I would be grateful for your opinion and advice.

Yours sincerely,

GRO-B

Dr

GRO-B

19 JAN 1996

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

RP(53791)

WITN2131003\_0001