

ANONYMOUS

WITN/2131003

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Hospital use Only	Dr Mills (+1)	Day Date 12/3/96	Time 1000	Hospital No.	GRO-B	GP112
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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
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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

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

RP(53791)

355-2104

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