

CLINIC	DATE	DAY	TIME	UNIT NO.
CLINIC	6/4/71	Tue.	9.50	

ABOVE PORTION FOR HOSPITAL USE ONLY

REQUEST FOR OUT-PATIENT CONSULTATION

Dear Sir, Doctor, Date 22.3.71
 Please arrange for my patient to be seen at the Outpatients
Haematology Dept.
 Clinic of Mr./Dr. ROYAL INFIRMARY

Yours faithfully,

Please Use Rubber
Stamp if available

Name J. M. BROWN R. A. WILLETT
 Address SEA 2479 SEA 2479
20, Drymen Road,
BEARSDEN.
 Telephone No. _____

Name of Patient;

Mr. DAVID BLACK Age: 54

History :

This patient used to attend the
 Haematology clinic under Prof.
 Douglas and Doctor McDonald.
 He was thought to have a degree of
haemophilia.
 He has recently been in South Korea
 and on his way, via America, where
 he apparently had some renal colic, &
 was diagnosed, coincidentally, over
 there as a case of 'Vonvelibrant's' ?
 disease.
 He has returned to this country and
 is anxious to have his supervision
 continued and he is also anxious
 that his daughter might be checked
 as I understand there is a history
 of 'Bleeding tendency' in some female
 members of his family. I thought you

IMPORTANT : Please seal and give to the patient so that he/sh
 would be interested to see him and
 should be grateful if he could have an
 appointment.

R. A. Willett WRITE PLAINLY OR PRINT

Patient's Surname : BLACK
 First Names : DAVID
 Date of Birth : 1937

Address : c/o 10 Douglas Park Cres. Bearsden.

Telephone No. (if any) : _____

Occupation (if child give father's occupation) : _____

Is patient Single/Married/Widowed : _____

Maiden Name : _____

Has patient ever been treated or X-rayed at this Hospital _____

either as an In-Patient or Out Patient? State Yes or No : yes

If possible, state Ward or Clinic : but no records now.

and Year : _____

318148
 18/19
 65.