

Grampian Health Board

**REQUEST FOR AN OUT PATIENT APPOINTMENT**

Hospital Use Only	CLINIC	DATE	TIME	A.M. P.M.				
<b>HOSPITAL: DENBURN      CLINIC: DENTAL      CONSULTANT</b> Please state Patient's:-      Kindly complete the undernoted enabling patient identification:-								
Surname: LAING		Mr/Mrs/Miss	Unit No. 0182396					
First Name (s) ALEXANDER		Year of last attendance						
Day      Month      Year Date of Birth      /07      12      23		CHI SUFFIX <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>			2	0	3	6
2	0	3	6					
Marital State      Maiden Name		Name of Hospital attended						
Address: 6 HILTON STREET ABERDEEN		Please tick appropriate box						
		1. Is an urgent appointment required?						
		2. Will Patient be sent by ambulance?						
		3. Has patient been resident in U.K. for the past 12 months?						
Post Code: AB2 3QX		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name, Address and Telephone number of Medical/Dental Practitioner</td> <td style="width:50%;">           Drs Sinclair, Taylor, Crooks,            Leach, Deans, Stewart,            Johnston, Aitchison &amp; Irvine.            101 Sayseat Road, Aberdeen            AB25 3UY Tel: 634345 Fax: 620210         </td> </tr> </table>			Name, Address and Telephone number of Medical/Dental Practitioner	Drs Sinclair, Taylor, Crooks, Leach, Deans, Stewart, Johnston, Aitchison & Irvine. 101 Sayseat Road, Aberdeen AB25 3UY Tel: 634345 Fax: 620210		
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Telephone No. Provisional Diagnosis								
<b>Reason for Referral</b> <p>I would be grateful if you could see this 76 year old gentleman who unfortunately is Hepatitis C +ve following a blood transfusion in 1990. He is due to have some work done on his teeth but his own Dentist has declined him treatment due to being Hepatitis C +ve. I would therefore be grateful if you could arrange to see him for his dental treatment.</p> <p>PMH includes: 1990 rectal CA with lymph node involvement, 1995 diagnosed Hepatitis C +ve, 1996 chronic active Hepatitis.</p> <p>Most recent blood results show relatively stable LFT's. He is not on any regular medication and allergies include Erythromycin which leads to vomiting.</p> <p>Many thanks for your help in this matter.</p> <p>Yours sincerely</p>								
Continue overleaf if necessary								
Please list below all medicines used by the patient in the past two weeks even if medicines have no apparent connection with the patient's present complaint.								
Approx. Date of Prescription	Medicine	Dose & Frequency	Duration of Prescription					
All Medicines Known to Disagree with Patient:								
<b>AVOIDANCE OF IRRADIATION IN PREGNANCY X-RAY INCLUDING THE LOWER ABDOMEN/PELVIS</b>								
Date of L.M.P.	Give Reason if Period Overdue	Should the Examination proceed if the patient is Pregnant?	Doctors Initials					
Signature of Doctor: DR K IRVINE		Date: 4.9.2000						