Subject Access Request

Patient	Mr Robert Beattie
Date of birth	19-May-1958 (age 68)
Gender	M
NHS number	1905580037
Patient's address	18 Murray Street Dundee Tayside DD4 7JG
Date range selected	Full record
Organisation	MMA Legal
Reference	

Problems

Active

24-Feb-2026 Mrs Leesa Mcginlay
Overdose of drug

05-Feb-2026 Mrs Leesa Mcginlay
*****'s cyst

29-Jan-2026 Mrs Leesa Mcginlay
Suspected pulmonary embolism

29-Jan-2026 Mrs Leesa Mcginlay
Cellulitis NOS

26-Jan-2026 Dr Alison Gillan
Septic arthritis

07-Jan-2026 Dr Doc Man
Primary repair of tendon

05-Jan-2026 Dr Alison Gillan
Other open wounds NOS

20-Dec-2025 Ms Sally Holden
Reduction of fracture of zygomatic bones (Left)

17-Dec-2025 Ms Sally Holden
Multiple face fractures

30-Oct-2025 Dr Alison Gillan
[X]Psychosis NOS

15-Jun-2024 Ms Sally Holden
Chronic pancreatitis

01-May-2024 Mrs Helen Connelly
Pre-diabetes

15-Jun-2023 Dr Brindha Rangaraj
Cervicalgia - pain in neck

08-Jun-2023 Ms Sally Holden
Neuralgia unspecified

01-Nov-2022 Ms Fiona Wood
Full thickness rotator cuff tear (Right)

16-Oct-2020 Miss Tracey Doogan
[X]Coronavirus infection, unspecified

29-May-2020 Ms Fiona Wood
Alcohol withdrawal syndrome

29-May-2020 Ms Fiona Wood
[D]Seizure NOS

29-May-2020 Ms Fiona Wood
Patient Advised to inform DVLA

29-May-2020 Ms Fiona Wood
Uvulitis

29-May-2020 Ms Fiona Wood
Advice to GP to re-start patient medication

15-Oct-2019 Dr Pascal Scanlan
Alcohol dependence syndrome

19-July-2018 Mrs Mary Summers
Anxiousness

04-Sept-2013 Mrs Mary Summers
Had a fit

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Significant Past

This section is empty.

Minor Past

17-Dec-2025 Dr Rachael Comfort
Accidental falls

16-Dec-2025 Dr Sonia Cooper
Medication review

25-Aug-2025 Dr Rachael Innes
Did not attend - no reason

15-Aug-2025 Dr Rachael Innes
Emphysema

15-Aug-2025 Dr Rachael Innes
Diverticulosis

04-Aug-2025 Mrs Jayne Cameron
Oral thrush

24-Jun-2025 Dr Smaira Ali
Shoulder pain

10-Jan-2025 Dr Anne Money
Other skin and subcutaneous tissue disease NOS

10-Jan-2025 Dr Anne Money
Erectile dysfunction

19-July-2024 Dr Georgina Heron
Abdominal pain

03-July-2024 Dr Georgina Heron
Headache

22-Mar-2024 Ms Abigail Anetekhai
Discharged from outpatients

26-Feb-2024 Dr Georgina Heron
Headache

27-Dec-2023 Dr Smaira Ali
Headache

28-Nov-2023 Dr Wendy Taylor
Low back pain

03-Nov-2023 Dr Georgina Heron
Multiple symptoms

23-Oct-2023 Dr Fatma Zaidan
Diarrhoea

18-Sept-2023 Dr Smaira Ali
Feels unwell

08-Jun-2023 Dr Brindha Rangaraj
Headache

27-Mar-2023 Dr Fiona Bullions
Low back pain

29-Nov-2022 Dr Wendy Taylor
Low back pain

19-July-2022 Dr Lesley Long
Low back pain

17-May-2022 Dr Smaira Ali
Shoulder pain

03-Mar-2022 Mrs Jayne Cameron
Dog bite

22-Dec-2021 Dr Wendy Taylor
Diarrhoea

18-Oct-2021 Dr Sonia Cooper
[D]Chest tightness

06-Oct-2021 Dr Deputy Locum
Failed encounter

13-July-2020 Dr Pascal Scanlan
Medication review

14-Jan-2020 Dr Wendy Taylor
Respiratory tract infection

05-July-2019 Dr Pascal Scanlan
[D]Epistaxis

05-July-2019 Dr Pascal Scanlan
Medication review

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23-May-2019 Dr Alison Gillan
Seborrhoeic wart

31-Dec-2018 Dr Wendy Taylor
Cough

31-Dec-2018 Dr Wendy Taylor
Shoulder pain

02-Nov-2018 Mrs Mary Summers
Adhesive capsulitis of the shoulder

14-Sept-2017 Mrs Mary Summers
Gastritis unspecified

24-Jan-2014 Mrs Mary Summers
Temporomandibular joint disorders

08-Mar-2013 Mrs Mary Summers
Depressed mood

10-Jan-2013 Mrs Mary Summers
Cervicalgia - pain in neck

25-Jan-2008 Mrs Mary Summers
Impotence

02-Oct-2007 Mrs Mary Summers
[D]Insomnia NOS

26-Sept-2007 Mrs Mary Summers
[D]Musculoskeletal chest pain

25-Nov-2006 Mrs Mary Summers
Corneal ulcer

19-July-2005 Mrs Mary Summers
Cellulitis of leg

11-Oct-2004 Mrs Mary Summers
O/E - coordination

13-May-2002 Mrs Mary Summers
Scabies

26-Apr-2002 Mrs Mary Summers
Minor head injury

13-Mar-1998 Mrs Mary Summers
Lateral epicondylitis of the elbow

03-Mar-1993 Mrs Mary Summers
Corneal abrasion

18-July-1992 Mrs Mary Summers
Oesophagitis

03-Aug-1988 Mrs Mary Summers
Reversal of vasectomy - unspecified

13-Dec-1987 Mrs Mary Summers
Closed fracture zygoma

12-Jun-1986 Mrs Mary Summers
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS

24-Apr-1986 Mrs Mary Summers
Bilateral vasectomy for contraception

04-Aug-1984 Mrs Mary Summers
Fracture of orbit NOS, closed

29-Jun-1983 Mrs Mary Summers
Vagotomy & pyloroplasty

20-May-1982 Mrs Mary Summers
Exploratory laparotomy

10-Apr-1982 Mrs Mary Summers
Pleuritic pain

01-Jan-1977 Mrs Mary Summers
Emergency appendicectomy NEC

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Consultations

30-Apr-2026 Mr Scott Bremner Other

23-Apr-2026 Dr Sonia Cooper Medicine Management

Intervention	Medication requested	issued
(P3)		

22-Apr-2026 Miss Susan Mcgeoghie Other

09-Apr-2026 Miss Louise Kerrigan Third Party Consultation

	Administration (P3)	SMS text message sent to patient 07923654468: Dear RobertYour follow up blood test is now due for Fasting bloods .Please contact the Care & Treatment Centre on 496717 to make an appointment. Many thanks Taybank Medical Centre

09-Apr-2026 Miss Louise Kerrigan Surgery consultation

	Administration (P3)	Seen by health care assistant Still outstanding re In house follow up needs FASTING bloods , has been in Hospital a lot , ive added new request re recent In patient bloods , ? out hosp send sms .

27-Mar-2026 Dr Alison Gillan Results recording

26-Mar-2026	Administration (P3)	No response to bowel cancer screening programme invitation

26-Mar-2026 Ms Abigail Anetekhai Medicine Management

25-Mar-2026 Dr Moira Pain Medicine Management

23-Mar-2026 Miss Susan Mcgeoghie Other

09-Mar-2026 Dr Anne Money Surgery consultation

	Diagnosis (P3)	Seen by doctor RUA list. Seen in person. Left wrist. Still on antibiotics after septic arthritis - thinks has about two days left, on tablets now. Saw hand therapy last week, cast removed last week. Seeing hand therapy again next week. Pain was down to ~7/10, however last 2 days has increased to 10/10 again. Not got any painkillers currently. Swelling no worse - has improved a bit since cast removed. Feeling a bit sweaty at times last few days. E+D as usual, no vomitingo/e: radial pulse regular and strong, T 36.5, HR 80. Left wrist - no erythema, swollen around wrist and back of hand. Site of pain is back of hand - mildly tender here. Can feel touch to all fingers and fingers are well perfused. Can move wrist small amountsPlan: discussed possibility that infection worsening as the cause for the pain worsening - would be hospital assessment to explore this - or could just be fluctuation in pain as things heal. He prefers not to go back up to hospital. For painkillers but strongly advised to get back in touch if things not settling

25-Feb-2026 Dr Rachael Comfort Other

24-Feb-2026 Dr Alison Gillan Administration

	Administration (P3)	Administration NOS i see from ED notes admitted with OD. This was of oxycodone which he has not been prescribed. all other meds on weekly dispense

24-Feb-2026 Mrs Leesa Mcginlay Other

23-Feb-2026	Diagnosis (P3)	Overdose of drug overdose of Oxycodone

18-Feb-2026 Dr Sonia Cooper Other

	Intervention (P3)	Medication requested patient requesting more flucloxacillin following discharge letter on docman issued further 5 days

18-Feb-2026 Dr Sonia Cooper Other

	Intervention (P3)	Medication requested request received from chemist for Propranolol 10mg tabs last issued 241225,SEND TO MACFARLANES PLEASEISSUED

16-Feb-2026 Miss Susan Mcgeoghie Other

	Administration (P3)	Indirect encounter pt at reception looking for rxs dated 050226-not in collection box or presented at chemist-tracked rxs- reprint of rxs issued and given to pt

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11-Feb-2026 Mr James Bowman Administration

	Administration (P3)	Unsuccessful attempt to contact patient by telephone No answer 09:25- if pt calls check aware to stop Rivaroxaban(DOAC)

11-Feb-2026 Mrs Gillian Booth Medicine Management

10-Feb-2026 Mr James Bowman Administration

	Intervention (P3)	Post hospital dischrge med reconciliation with medical notes AMU NW 06/02/2026 Given-Flucloxacillin for 5/7Rivaroxaban stopped
	Administration (P3)	Unsuccessful attempt to contact patient by telephone No answer 10:50 14:20 will try later

10-Feb-2026 Ms Sally Holden Administration

05-Feb-2026	Diagnosis (P3)	Cellulitis of leg left

05-Feb-2026 Mr Jamie Weir Medicine Management

	Intervention (P3)	Post hospital dischrge med reconciliation with medical notes NW Short Stay ward 2/2/25Rivaroxaban 15mg BD until CTPA - await further communication after this Doxycycline course Codeine prn

05-Feb-2026 Mrs Audrey Fleming Administration

05-Feb-2026 Mrs Leesa Mcginlay Other

29-Jan-2026	Diagnosis (P3)	******'s cyst ruptured
29-Jan-2026	Symptom (P3)	Suspected pulmonary embolism for ambulatory CTPA
29-Jan-2026	Symptom (P1)	Suspected pulmonary embolism for ambulatory CTPA
29-Jan-2026	Diagnosis (P1)	Cellulitis NOS left leg

05-Feb-2026 Mrs Valerie Dempster Administration

03-Feb-2026 Mrs Leesa Mcginlay Administration

	Administration (P3)	Seen by community-based nurse wcc

29-Jan-2026 Dr Anne Money Surgery consultation

	Diagnosis (P3)	Seen by doctor Left wrist is still sore, able to move fingers a bit more than he was. Due for further dose IV antibiotics tomorrow and then to have dressing removed and area reviewed next week. Not been feverish, eating and drinking as normal, passing urine, no vomiting. Limping - reports cramping constant pain left calf since Saturday - worried it might be a stroke. No weakness or numbness. Swollen. Not had a blood clot before, non-smoker. o/e: T 37.1, HR 100bpm, can move fingers left hand - wrist very heavily bandaged and splint on - sensation present to touch in fingers. Left calf - firm swelling throughout, very tender, not red, 3cm greater in diameter than left calf. Explained I think likely has blood clot in leg, given complexity of situation I think should go to AMU today. d/w AMU consultant and they are happy to see in AMU - Robert will make his way there. Issued more oxycodone liquid for analgesia as per discharge letterUpdated Laurie from Kingsway Care and asked her to contact pt tomorrow or next week to check in - she will do so

29-Jan-2026 Dr Anne Money Third Party Consultation

	Administration (P3)	Telephone encounter Phone call from Laurie ***** at Kingsway Care Centre to discuss patient - called Kingsway Care Centre and given her direct dial 647 283. Spoke to her - they have had the ***** on the phone as Robert called them multiple times overnight - paranoia, thinking people are outside the house. She would call to review but then wondered if it might be delirium triggered by wrist issues. Called Robert and he will come to see me 11:30am and I will call psychiatry back afterwards (her direct number is 07976 032 968)

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29-Jan-2026 Mrs Lorraine Cunningham Administration

27-Jan-2026 Dr Smaira Ali Medicine Management

	Intervention (P3)	Medication requested Reauthorisation

26-Jan-2026 Dr Sonia Cooper Other

26-Jan-2026 Ms Beverley Forsyth Medicine Management

	Intervention (P3)	Post hospital dischrge med reconciliation with medical notes IDL Trauma and Orthopaedic Surgery Wd17 NW 24/01/26 - discharged with short supply Oxycodone, Paracetamol, Senna - Dalbavancin supplied by Hospital Pharmacy for one dose 1500mg on Friday 30/01/26 under OPAT.
	Administration (P3)	Telephone encounter informed pharmacy pt was in hospital from 20th to 24th January and was discharged with no changes to dispense weekly meds in boxes.

26-Jan-2026 Ms Sally Holden Administration

20-Jan-2026	Diagnosis (P3)	Septic arthritis left wrist joint - open joint washout

26-Jan-2026 Mr Scott Bremner Other

21-Jan-2026 Ms Sally Holden Administration

	Intervention (P1)	Primary repair of tendon EDC tendon reconstruction
07-Jan-2026	Intervention (P3)	Debridement of wound of skin left wrist + joint washout

21-Jan-2026 Mrs Gillian Booth Medicine Management

20-Jan-2026 Mr System Supervisor Other

	Diagnosis (P3)	Seen by doctor unwell in past several hours- feverish, nauseous., lightheaded.O/e 99% 91bpm. 37.1C. RR approx 25 bpm redness R upper arm proximal to OPAT cannula right of right ACF. exudate L wrist bandages d/w Ortho on call - accepted

20-Jan-2026 Dr Smaira Ali Other

	Administration (P3)	Telephone triage encounter recent hospital admission with infected radius - pain worse and nauseated with it, FTF app

20-Jan-2026 Mrs Sorrel Abbott Medicine Management

	Administration (P3)	Consultation requested acute prescription for nausea. no previous rx issued. recent hospital admission infected distal radius on 4 weeks IV teiclopanin. referred to DD

13-Jan-2026 Dr Alison Gillan Other

	Diagnosis (P3)	swab taken 5/1 shows MRSA staph aureus - I see patient has since been admitted and had surgical debridement and antibiotics for septic wrist after he had ortho review, he remains in hospital and on vancomycin - wound swab result noted in ekora by hospital team

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05-Jan-2026 Dr Alison Gillan Surgery consultation

Diagnosis (P3)	Other open wounds NOS
Diagnosis (P3)	Dorsum of left forearm - seen in ED with this 17/12 - at that point mucky, would explored and granulating but treated with doxy & metronidazole. Also xray of left wrist - minimally displaced fracture of dital radius. He tells me car ***** fell on arm - looks like he didn't attend anywhere when it happened. he is at NW tmrw for max facs and also orhto review. Over wknd hand has become more swollen. Not painful, some exudate
Diagnosis (P3)	left hand swollen, wound is granulating but lweaking some serous fluid and yellow pus. Wound swabbed. T36.7 pulse 72bpm reg
Diagnosis (P3)	treat woth dixy, swab wound, elevate - shown how to do this. drssing from PH pls, review at wound lcinc. Pt given number. Also has ortho review tmrw. worsening advice given

05-Jan-2026 Miss Susan Mcgeoghie Surgery consultation

Diagnosis (P3)	In a lot of pain with hand after car ***** dropped on it.. Hand is very swollen has been to A&E with this has not been taking OTC pain meds as paracetamol not touching the pain. AT

05-Jan-2026 Mr Paul Hendrie Surgery consultation

Diagnosis (P3)	Wound dressed following review. long laseratin with significant volume of slough covering wound. wound 2cm long by 3mm wide. wound cleaned and mepitel and theninodine over the top with a mepore dressing. pt will get seen by max fax tomorrow and then contact care and treatement for follow up.

27-Dec-2025 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse wcc

24-Dec-2025 Dr Smaira Ali Surgery consultation

24-Dec-2025 Miss Susan Mcgeoghie Other

Diagnosis (P3)	request received from chemist for Propranolol 10mg - 20mg twice daily - dispense weekly - last issued 031225,SEND TO MACFARLANES PLEASE.

22-Dec-2025 Ms Beverley Forsyth Surgery consultation

Diagnosis (P3)	IDL Oral and Maxillofacial Surgery Wd26 NW 20/12/25 - no changes to medication.
Diagnosis (P3)	informed pharmacy pt has been in hospital from 19th to 20th Dec, discharged with no changes to weekly dispense medication.
Administration (P3)	Telephone encounter
Intervention (P3)	Post hospital dischrge med reconciliation with medical notes

22-Dec-2025 Mr Scott Bremner Surgery consultation

Diagnosis (P3)	Patient been in twice today first time he came in he showed me his wrist with divot fracture. They have put a bandage on in but was told to come to gp to get referral to ninewells or kingsx for a stint or cast. in waiting room , tell me what to advise patient.

22-Dec-2025 Dr Anne Money Surgery consultation

Diagnosis (P3)	Walk-in. See A+E letter 17th Dec. Had procedure for facial # with max-fax. Also had left radial divot # but no documentation about onwards plan for this. Been to wound clinic today - they have applied dressing and bandage, they are seeing again on 27th December, but advised will need a splint or cast for radial #. Spoke to A+E consultant on-call - # in radius is very minor, little chip at distal radius, wouldn't need follow-up or splint, should heal on itself. Advised patient of this

22-Dec-2025 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse

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20-Dec-2025 Ms Sally Holden Other

Intervention (P1)	Reduction of fracture of zygomatic bones (Left) ORIF of displaced zygomatic maxillary complex #

17-Dec-2025 Miss Charis Hamilton Surgery consultation

Diagnosis (P3)	Pt walk in - fell over coffee table last Friday, eye very red/inflamed, blood shot, also hurt left hand, currently has bandage on it but looks sore, not tried pain relief.
Diagnosis (P1)	Multiple face fractures left orbital floor #, lateral orbital #, left zygomatic arch

17-Dec-2025 Dr Rachael Comfort Surgery consultation

Diagnosis (P3)	Walk in to the practice. 11.10 - Tripped over dog - hit coffee table with left eye last friday. Monday reports a ***** slipped cutting left forearm dorsal aspect, sensation reduced ulnar 3 fingers. Grip strength reduced left hand Went to A&E x 3 yesterday - left as wait 3-4 h. We have one letter in docamn saying left without being seen. he is sore chewing. difficult to eat. aware mouth not normal
Diagnosis (P3)	brusing under left eye and tender to touch. Left eye red on conjuctiva. FROEM. unsure re pupil reaction. mouth drooping to left. tongue central. small ***** on hard palate. Wounds left forarm dorsal aspect lower horizontal wound has clear fluid leaking. unable to see base. very tender. minimal surrounding erythema.
Diagnosis (P3)	? orbital fracture on left ? needs washout left forearm wound. Called A&E via cons connect. Kindly accepted for review - he will go straight up.
Diagnosis (P3)	Accidental falls

16-Dec-2025 Dr Sonia Cooper Surgery consultation

Intervention	Medication review
Intervention	Medication review
Intervention	Medication review
Intervention	Medication review

15-Dec-2025 Miss Louise Kerrigan Surgery consultation

Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Monday 15/12/2025 at 09:15With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	Did not attend - no reason Fasting bloods .

11-Dec-2025 Mrs Audrey Fleming Surgery consultation

Intervention (P3)	Prescription not collected Rx issued 11/11/25 destroyed as

03-Dec-2025 Mrs Gillian Booth Surgery consultation

Diagnosis (P3)	no reply when phoned to discuss propranolol 1205 . Will increase as suggested by neurology to 20mg BD for next month

02-Dec-2025 Dr Voice Connect Other

Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Monday 15/12/2025 at 09:15With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

01-Dec-2025 Mrs Gillian Booth Surgery consultation

Diagnosis (P3)	phoned to discuss propranolol dossing - no reply 1648

28-Nov-2025 Mrs Audrey Fleming Other

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25-Nov-2025 Miss Louise Kerrigan Other

Diagnosis (P3)	Still needs bloods from 11/6 FASTED sample required. (had bloods done at KCC) Glucose was still raised , illinvite in FASTED,
Administration (P3)	SMS text message sent to patient 07923654468: Good morning Mr Beattie , could you please call us on 461588 and book a FASTING blood test appt , if you have nothing after 10pm evening before and water only on morning of appt thanks (its ok to take medication) . Thanks Taybank Medical Centre.

24-Nov-2025 Mr Scott Bremner Other

21-Nov-2025 Miss Susan Mcgeoghie Other

11-Nov-2025 Mrs Gillian Booth Surgery consultation

Diagnosis (P3)	Neurology have recommended a trial of propranolol for migraine. has had previously with minimal benefit but have spoken to patient and will trial again. Review 4w Spoken to McFarlanes - they will add to VL from next week

30-Oct-2025 Dr Alison Gillan Other

Diagnosis (P1)	[X]Psychosis NOS
Diagnosis (P3)	meds issued as per POA

29-Oct-2025 Ms Carolyn Fitzpatrick Telephone Consultation

Diagnosis (P3)	KCC POA 28/10 recommend inc risperidone to 1.5mg ON, weekly disp pt. Will update repeats & call pharmacy. GP pls review & issue 0.5mg tabs
Administration (P3)	Outpatient clinic letter received
Diagnosis (P3)	called pharmacy (Arlene) wkly disp in boxes - need 4 wk script 0.5mg. Pt due to collect today but pharmacy advise pt often late - they will action for next Wednesday or sooner depending on when pt presents at pharmacy

22-Oct-2025 Miss Susan Mcgeoghie Other

16-Oct-2025 Mr Scott Bremner Surgery consultation

Diagnosis (P3)	Patient come to desk with large bruise on arm. Has no idea what caused it. hasn't fallen or come into contact with anything that he can recall. Only noticed it yesterday.

16-Oct-2025 Dr Rachael Innes Surgery consultation

Diagnosis (P3)	?Distal biceps tendon rupture
Diagnosis (P3)	moved arm on Sat whilst getting out of bed- felt a crack , thought broke a bone. brusie left bicep developed yesterday afternoon . pain worse on flexing and using arm
Diagnosis (P3)	large brusiign medial and distal aspect left biceps tendon
Diagnosis (P3)	d/w A&E cons Dr P *****- ?can I get finger underneath distal biceps tendon- I cannot confidently confirm this- advised to send pt to A&E now

14-Oct-2025 Miss Susan Mcgeoghie Other

10-Oct-2025 Miss Susan Mcgeoghie Other

24-Sept-2025 Mrs Audrey Fleming Other

01-Sept-2025 Miss Susan Mcgeoghie Other

25-Aug-2025 Dr Rachael Innes Surgery consultation

Administration (P3)	Did not attend - no reason

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15-Aug-2025 Dr Rachael Innes Surgery consultation

Diagnosis (P3)	Emphysema mild upper lobe. identified on CT CAP 7/8/25
Diagnosis (P3)	CT CAP
Diagnosis (P3)	appt w me/any GP to review weight loss and discuss other findings
Diagnosis (P3)	Diverticulosis mild. identified on CT CAP 7/8/25

12-Aug-2025 Miss Louise Kerrigan Surgery consultation

Administration (P3)	Did not attend - no reason Fasting bloods as per emis 11/6.

11-Aug-2025 Dr Voice Connect Other

Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Tuesday 12/08/2025 at 11:00With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

04-Aug-2025 Mrs Leesa Mcginlay Surgery consultation

Intervention (P3)	Patient requested treatment pt is suffering from a really sore throat and is struggling to swallow
Administration (P3)	Telephone encounter
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Monday 04/08/2025 at 12:30With: Mrs Jayne *****.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Tuesday 12/08/2025 at 11:00With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

04-Aug-2025 Mrs Jayne Cameron Surgery consultation

Diagnosis (P3)	Oral thrush
Diagnosis (P3)	attended c/o a very sore throat for 5 days - he has taken paracetamol which has not helped. He has intermittent right sided headache- not today, no acute coryzal symptoms or ear pain, no fever, no cough. no acid reflux
Diagnosis (P3)	looks like oral thrush- rx issued with general advice, to try to reduce talking as obviously straining his voice. See again if ongoing/worsening symptoms
Examination	Oxygen saturation at periphery 98 % very hoarse voice , 98 % temp 37 <c>HR 111, no cervical lymphadenopathy, ears- nad , no temporal tenderness or swelling. Throat- no swelling, looks red, white thrush plaques present at roof of mouth and oropharynx. tongue is heavily coated.
Examination	**Oxygen saturation at periphery 98 %**very hoarse voice , temp 37 <c>HR 111, no cervical lymphadenopathy, ears- nad , no temporal tenderness or swelling. Throat- no swelling, looks red, white thrush plaques present at roof of mouth and oropharynx. tongue is heavily coated.: Oxygen saturation at periphery 98 % very hoarse voice , 98 % (No range available) temp 37 <c>HR 111, no cervical lymphadenopathy, ears- nad , no temporal tenderness or swelling. Throat- no swelling, looks red, white thrush plaques present at roof of mouth and oropharynx. tongue is heavily coated.

30-July-2025 Miss Susan Mcgeoghie Other

29-July-2025 Miss Louise Kerrigan Surgery consultation

Diagnosis (P3)	Still needs bloods from 11/6. (FASTING) Invited in .
Administration (P3)	SMS text message sent to patient 07923654468: Good morning , Dr has asked if you can call us on 461588 and book some Fasting blods , have Water only on the morning of appt Thanks Taybank Medical Centre.

18-July-2025 Mrs Leesa Mcginlay Surgery consultation

Intervention (P3)	Patient requested treatment pt came to the desk to make an appt in severe pain thinks he may have siatica
Administration (P3)	Telephone encounter

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18-July-2025 Dr Anne Money Surgery consultation

Administration Did not attend - no reason (P3)

03-July-2025 Mrs Valerie Dempster Other

30-Jun-2025 Miss Susan Mcgeoghie Other

24-Jun-2025 Dr Smaira Ali Surgery consultation

Diagnosis (P3) Shoulder pain
Diagnosis (P3) left shoulder pain - started 2 months ago - after a mechanical fall, now getting pains down arm, shooting in nature.
Diagnosis (P3) shoulder / elbow wrist no boney tenderness, shoulder restricted movement all directions, no focal neuro.
Diagnosis (P3) for physio and rx as below, Advised re sedation (don't drive if affected) & constipation. and Advised not to take Paracetamol with this medication

24-Jun-2025 Mrs Pamela Reid Surgery consultation

Diagnosis (P3) Pt came into the desk this morning as he has numb fingers - pt very upset as his ***** passed away and her funeral is tomorrow she was 45 with 3 children - passed away very suddenly whilst on holiday.

11-Jun-2025 Mrs Helen Connelly Third Party Consultation

11-Jun-2025 Mrs Helen Connelly Third Party Consultation

Administration Telephone encounter (P3)
Diagnosis (P3) adviced requires follow up appt for repeat fasting glucose .adviced me his ***** died last week he will make appt when he feels he can.

09-Jun-2025 Dr Rachael Innes Surgery consultation

Administration (P3) SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Tuesday 10/06/2025 at 09:00With: Ms Karyn Warwick.To cancel this appointment, contact the surgery on 01382 461588
Diagnosis (P3) Qfit -ve
Diagnosis (P3) CT CAP 13.6.25

06-Jun-2025 Mrs Valerie Dempster Other

03-Jun-2025 Ms Karyn Warwick Surgery consultation

Examination Blood sample -> Biochem Lab qfit and urine handed in to reception - on ice <c>
Examination **Blood sample -> Biochem Lab**qfit and urine handed in to reception - on ice <c>:
Blood sample -> Biochem Lab qfit and urine handed in to reception - on ice <c> (No range available)

27-May-2025 Mrs Leesa Mcginlay Surgery consultation

Administration (P3) SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Tuesday 10/06/2025 at 09:00With: Ms Karyn Warwick.To cancel this appointment, contact the surgery on 01382 461588
Diagnosis (P3) as per docs with action - pt already booked for an appt 10/6 @ 9am by *****

23-May-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3) NR 10.17 - tried phoning pt as per docs with action - to book an appt for fasting bloods please

22-May-2025 Mrs Helen Connelly Surgery consultation

20-May-2025 Dr Rachael Innes Surgery consultation

19-May-2025 Dr Rachael Innes Surgery consultation

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Examination	Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L
Examination	Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**
Examination	Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**
Examination	Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L
Examination	Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.35 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.35 mmol/L
Examination	Serum creatinine SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	64 umol/L
Examination	Serum creatinine SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	64 umol/L
Examination	Eosinophil count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	**0.43**
Examination	Haemoglobin estimation SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	149 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	32 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	334 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	95.7 fL
Examination	Monocyte count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	0.4
Examination	Neutrophil count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	5
Examination	Platelet count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	280
Examination	Serum potassium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	4.6 mmol/L
Examination	Serum potassium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	4.6 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	4.66
Examination	Serum sodium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	139 mmol/L
Examination	Serum sodium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	139 mmol/L
Examination	Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L
Examination	Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L
Examination	Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L
Examination	Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**
Examination	Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**
Examination	Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**
Examination	Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Total white cell count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	7.7
Examination	Lymphocyte count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	1.8
Examination	Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	

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Examination	Full blood count - FBC Specimen Id: H252734408Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate	**11 mmol/L**
Examination	Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate	**11 mmol/L**
Examination	Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	0.3 ug/L
Examination	Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	0.3 ug/L
Examination	Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	0.3 ug/L
Examination	PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	3.1 mg/L
Examination	Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	3.1 mg/L
Examination	Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	3.1 mg/L
Examination	Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Biochemical test Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Biochemical test Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Protein electrophoresis SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	
Examination	Protein electrophoresis Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Haematocrit SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	0.446
Examination	Basophil count, 0 SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	0
Examination	Acute kidney injury warning stage SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	
Examination	Acute kidney injury warning stage SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	
Examination	Acute kidney injury warning stage Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Acute kidney injury warning stage Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Quantitative faecal immunochemical test SPECIMEN ID: C252734409SPECIMEN TYPE: FaecesNOT DETECTED	
Examination	Quantitative faecal immunochemical test Specimen Id: C252734409Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	

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Examination	O/E - blood pressure reading	142 / 81 mm Hg	
Examination	Urine: Bence *****' protein SPECIMEN ID: C252734410SPECIMEN TYPE: Urine		
Examination	Urine: Bence *****' protein Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Tissue transglutaminase IgA level SPECIMEN ID: I252734408SPECIMEN TYPE: SERUM	0.9 U/mL	
Examination	Tissue transglutaminase IgA level Specimen Id: I252734408Specimen Type: SERUMNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis (P3)	Weight loss		
Diagnosis (P3)	known as Rab. thinks 4 stone weight loss in 7 weeks. headache years duration POS/top of head (mainly onset with stress); states covid +ve few weeks ago (cough improving); no dysphagia/odonophagia; sometimes abdo pain (no triggers); reports dirahhoea past 1yr, uncertain if blood; pain in scortum on urinarting (years duration); no haematuria. no appettite/taste/smell (before contracted Covid). intermittent epistaxis years. states SOB 5-6/12 (more when bending over). ex smoker 26yrs ago. no ETOH 5yrs until 4/52 ago drank 12 beers in one sitting (nil since)		
Diagnosis (P3)	bloods, Qfit, urinary BJ protein, CT CAP		
Examination (P3)	O/E - blood pressure reading 98%, 108bpm, 1x left chain cervical lymphaedhopathy, HS1+2+0 chest clear, abdo SNT (midline scar and RFI scar noted) , tongue coated , nil obvious oral ucleration/lesions		
Examination	Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine	**19 mg/mmol**	
Examination	Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine	**19 mg/mmol**	
Examination	Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	O/E - weight 81 Kg , Measure: 81, Measure Units: Kg	81 Kg	
Examination	Body Mass Index , Measure: 81, Measure Units: Kg		
Examination	**Serum albumin**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)
Examination	**Serum albumin**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: **Abnormal** Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**	**(Range: 30 - 130)**
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: **Abnormal** Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**	**(Range: 30 - 130)**
Examination	**Serum calcium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L	(Range: 2.1 - 2.55)

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Examination	**Serum calcium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Corrected serum calcium level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.35 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Corrected serum calcium level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.35 mmol/L	(Range: 2.1 - 2.55)
Examination	**Serum creatinine**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	64 umol/L	(Range: 62 - 106)
Examination	**Serum creatinine**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	64 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: **Abnormal** Eosinophil count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	**0.43**	**(No range available)**
Examination	**Haemoglobin estimation**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	149 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	32 pg	(Range: 27 - 32)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	334 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	95.7 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	0.4	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	5	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	280	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	4.6 mmol/L	(Range: 3.5 - 5.3)
Examination	**Serum potassium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	4.6 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA	4.66	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)
Examination	**Serum sodium**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)
Examination	**Serum total protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L	(Range: 60 - 80)
Examination	**Serum total protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L	(Range: 60 - 80)
Examination	**Serum total protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: Serum total protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	63 g/L	(Range: 60 - 80)
Examination	**Serum total protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum total protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum total protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum TSH level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: **Abnormal** Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**	**(Range: 0.4 - 4)**
Examination	**Serum TSH level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: **Abnormal** Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**	**(Range: 0.4 - 4)**
Examination	**Serum TSH level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood: **Abnormal** Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**0.35 mU/L**	**(Range: 0.4 - 4)**

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Examination **Serum TSH level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Serum TSH level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Serum TSH level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Total white cell count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA:
Total white cell count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 7.7 (Range: 4 - 11)

Examination **Lymphocyte count**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA:
Lymphocyte count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 1.8 (Range: 1.5 - 4)

Examination **Bone profile**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Bone profile**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Full blood count - FBC**Specimen Id: H252734408Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Full blood count - FBC Specimen Id: H252734408Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Plasma fasting glucose level**SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**
Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate **11 mmol/L** **(Range: 3.3 - 5.8)**

Examination **Plasma fasting glucose level**SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**
Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate **11 mmol/L** **(Range: 3.3 - 5.8)**

Examination **Plasma fasting glucose level**Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Plasma fasting glucose level**Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Total prostate specific antigen level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

Examination **Total prostate specific antigen level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

Examination **Total prostate specific antigen level**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

Examination **PSA - Serum prostate specific antigen level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **PSA - Serum prostate specific antigen level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **PSA - Serum prostate specific antigen level**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Plasma C reactive protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 3.1 mg/L (No range available)

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Examination **Plasma C reactive protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Plasma C reactive protein SPECIMEN ID: 3.1 mg/L (No range available)
C252734408SPECIMEN TYPE: Blood

Examination **Plasma C reactive protein**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Plasma C reactive protein SPECIMEN ID: 3.1 mg/L (No range available)
C252734408SPECIMEN TYPE: Blood

Examination **Plasma C reactive protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma C reactive protein Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Plasma C reactive protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma C reactive protein Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Plasma C reactive protein**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma C reactive protein Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Biochemical test**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::
Biochemical test Specimen Id: C252734408Specimen (No range available)
Type: BloodNumber of Test(s): 3Lab comment: Reviewer
comment: Abnormal/Normal Flag:

Examination **Biochemical test**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::
Biochemical test Specimen Id: C252734408Specimen (No range available)
Type: BloodNumber of Test(s): 3Lab comment: Reviewer
comment: Abnormal/Normal Flag:

Examination **Protein electrophoresis**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Protein electrophoresis SPECIMEN ID: (No range available)
C252734408SPECIMEN TYPE: Blood

Examination **Protein electrophoresis**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Protein electrophoresis Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Haematocrit**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA:
Haematocrit SPECIMEN ID: H252734408SPECIMEN 0.446 (Range: 0.4 - 0.52)
TYPE: EDTA

Examination **Basophil count, 0**SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA:
Basophil count, 0 SPECIMEN ID: H252734408SPECIMEN0 (No range available)
TYPE: EDTA

Examination **Acute kidney injury warning stage**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Acute kidney injury warning stage SPECIMEN ID: (No range available)
C252734408SPECIMEN TYPE: Blood

Examination **Acute kidney injury warning stage**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:
Acute kidney injury warning stage SPECIMEN ID: (No range available)
C252734408SPECIMEN TYPE: Blood

Examination **Acute kidney injury warning stage**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Acute kidney injury warning stage Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Acute kidney injury warning stage**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Acute kidney injury warning stage Specimen Id: (No range available)
C252734408Specimen Type: BloodNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Quantitative faecal immunochemical test**SPECIMEN ID: C252734409SPECIMEN TYPE: FaecesNOT DETECTED:
Quantitative faecal immunochemical test SPECIMEN ID: (No range available)
C252734409SPECIMEN TYPE: FaecesNOT DETECTED

Examination **Quantitative faecal immunochemical test**Specimen Id: C252734409Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Quantitative faecal immunochemical test Specimen Id: (No range available)
C252734409Specimen Type: FaecesNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Urine: Bence *****' protein**SPECIMEN ID: C252734410SPECIMEN TYPE: Urine:
Urine: Bence *****' protein SPECIMEN ID: (No range available)
C252734410SPECIMEN TYPE: Urine

Examination **Urine: Bence *****' protein**Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Urine: Bence *****' protein Specimen Id: (No range available)
C252734410Specimen Type: UrineNumber of Test(s):
1Lab comment: Reviewer comment: Abnormal/Normal
Flag:

Examination **Tissue transglutaminase IgA level**SPECIMEN ID: I252734408SPECIMEN TYPE: SERUM:
Tissue transglutaminase IgA level SPECIMEN ID: 0.9 U/mL (No range available)
I252734408SPECIMEN TYPE: SERUM

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Examination	**Tissue transglutaminase IgA level**Specimen Id: I252734408Specimen Type: SERUMNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Tissue transglutaminase IgA level Specimen Id: I252734408Specimen Type: SERUMNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Urine protein/creatinine ratio**SPECIMEN ID: C252734410SPECIMEN TYPE: Urine: **Abnormal**		
	Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine	**19 mg/mmol**	**(No range available)**
Examination	**Urine protein/creatinine ratio**SPECIMEN ID: C252734410SPECIMEN TYPE: Urine: **Abnormal**		
	Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine	**19 mg/mmol**	**(No range available)**
Examination	**Urine protein/creatinine ratio**Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Urine protein/creatinine ratio**Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:		
	GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C252734408SPECIMEN TYPE: Blood		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood:		
	GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C252734408SPECIMEN TYPE: Blood		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

13-May-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3)	as per docs with action - pt informed in for 19/5 @ 15.30pm

12-May-2025 Dr Alison Gillan Other

Diagnosis (P3)	se leter from pysch - needs appt with any GP for weight loss, routine appt if availabel in under 2 weeks would be appropriate

12-May-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3)	Nr as per docs with action to book an appt with GP see note below as well thanks

08-May-2025 Dr Alison Gillan Other

Diagnosis (P3)	script for sildenafl altered - pls can admin team check with chemist before giving to pt

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07-May-2025 Mr Greg Fenwick Other

02-May-2025 Dr Smaira Ali Surgery consultation

Diagnosis (P3) Clarified situation and plan with pharmacy.

02-May-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3) 462151 - chemist has called in regarding risperidone - very confused of message below - never been on weekly dispensing for risperidone - not understanding that note below as doesn't make sense they have said as don't know if pt needs a weekly supply of risperidone or to wait until the 19th of May - not sure if they are to hand out this meds today or not?

01-May-2025 Mrs Lesley Laing Surgery consultation

Diagnosis (P3) ***** Malone CMH nurse called again - Only risperidone issued 23/4 - Needs all meds issued but now wants them chenged to dispense weekly to reduce risk of further OD - Needs issued today and sent to Macfarlanes please

01-May-2025 Mrs Sorrel Abbott Surgery consultation

Diagnosis (P3) I have changed to weekly dispensing all regular medicines and issued them, not creon as I donlt know what he is doing with that. He got respiridone 23/4 to he could be a week behine on that so I have issued a week of that to help tie all weekly dispense medicine together but this should not be needed till week of 19thMay. post dated. please update pharamcy mcfarlenes.

24-Apr-2025 Mrs Lorraine Cunningham Other

Administration (P3) PEM sent off Mcfarlane arb rd lc

23-Apr-2025 Dr Sonia Cooper Other

Diagnosis (P3) issued risperidone

23-Apr-2025 Ms Donna Clark Surgery consultation

Diagnosis (P3) community mental health nurse allocated worker to patient ***** Crosbie contacted passed over that the parient was under the influence of alcohol and was drunk took all of prescription medication and has no medication , , nurse is concerned that the patient will decline if he does not have rispiradone

22-Apr-2025 Dr Smaira Ali Surgery consultation

Diagnosis (P3) issued

22-Apr-2025 Mrs Pamela Reid Surgery consultation

Diagnosis (P3) Laxido Orange Sachets- pt has ran out would like to collect this afternoon - also asking if this item can be added to repeat

04-Apr-2025 Miss Louise Kerrigan Surgery consultation

Diagnosis (P3) NOT FASTED today , wasn't aware . Re appointed.

Administration (P3) SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Tuesday 08/04/2025 at 08:30With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

03-Apr-2025 Dr Voice Connect Other

Administration (P3) SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Friday 04/04/2025 at 10:30With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

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21-Mar-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3)	as per message on 7/3 pt booked in for 4/4 @ 10.30 for bloods
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Friday 04/04/2025 at 10:30With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

13-Mar-2025 Ms Carolyn Fitzpatrick Surgery consultation

Diagnosis (P3)	KCC POA 06/03 (PTS got 13/03) recommend inc risperidone to 1mg ON will add acute for GP to issue
Administration (P3)	Outpatient clinic letter received
Administration (P3)	Failed encounter NR 11:10 tried to call re higher strength risperidone tablet
Administration (P3)	SMS text message sent to patient 07923654468: Good Afternoon,Your prescription is now ready for collection from Taybank Medical Centre.Kind RegardsADMIN TEAM

13-Mar-2025 Dr Alison Gillan Other

Diagnosis (P3)	issued

12-Mar-2025 Miss Susan Mcgeoghie Other

07-Mar-2025 Dr Anne Money Administration

Intervention	In-house follow-up *(required blood test - see EMIS 7/3/25). Sender: Dr ***** Money; Reason: In-house follow-up*
Diagnosis (P3)	Fasting glucose 7.5. Wasn't ticked for stage 2 to go on to HbA1c. Not high enough to be causing psychiatric symptoms. Perhaps not the right time during acute assessment with psychiatry for making a diagnosis and need HbA1c for confirmation. d/w PH and agrees with plan to repeat fasting test as per ICE request in 4 weeks time
Diagnosis (P3)	Admin - please can you let the patient and/or ***** know. The sugar level remains slightly high. I would recommend having this repeated again in around 4 weeks time as a fasted sample. THanks

07-Mar-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3)	as per docs with action - pt informed added to reception messages in 2 weeks time to contact and make an appt for 2 weeks later for bloods (no appts up for 4 weeks time yet)

03-Mar-2025 Dr Lesley Long Other

03-Mar-2025 Mrs Valerie Dempster Surgery consultation

Examination	Plasma fasting glucose level SPECIMEN ID: C252544556SPECIMEN TYPE: Fluoride Oxalate	**7.5 mmol/L**	
Examination	Plasma fasting glucose level Specimen Id: C252544556Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Diagnosis (P3)	pt at desk-is needing more laxido-nor-last issued aug 24. needs for today-collect after 5pm.		
Examination	**Plasma fasting glucose level**SPECIMEN ID: C252544556SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**		
	Plasma fasting glucose level SPECIMEN ID: C252544556SPECIMEN TYPE: Fluoride Oxalate	**7.5 mmol/L**	**(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**Specimen Id: C252544556Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Plasma fasting glucose level Specimen Id: C252544556Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

03-Mar-2025 Ms Karyn Warwick Surgery consultation

Examination	Blood sample -> Biochem Lab <c>	
Examination	**Blood sample -> Biochem Lab**<c>:	
	Blood sample -> Biochem Lab <c>	(No range available)

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27-Feb-2025 Dr Anne Money Surgery consultation

Diagnosis (P3)	Seen with ***** Kerry (her number is 07395 761 564, Robert happy for appt details and test results to be discussed with her). Robert quite closed off today, not the same as when I have seen him previously. CT head tonight. Appetite poor and has lost weight - Kerry reports just eating rubbish. Up all night as thinks people are breaking in. Situation worsening. Taking medication given to him. She is really struggling - up all night with him and then at work. Denies issues with his breathing, long-term sore back and neck, denies issues with bowels/bladder. Hard to know if he would give an accurate history though
Diagnosis (P3)	T 37.0, HR 80bpm, oxygen sats 98%, chest clear, HS I+II+0, abdomen SNT
Diagnosis (P3)	Has CT head tonight. Repeat glucose appt in place for Monday. B12 borderline without anaemia or macrocytosis - I will d/w colleagues. Follow-up with psych next week on 6th March - seeing consultant. I will call kerry later so she can discuss her concerns without him in the room
Administration (P3)	PEM sent off McFarline arbroath road

27-Feb-2025 Dr Anne Money Other

Diagnosis (P3)	d/w colleagues re: B12 of 155. I think likely not clinically relevant, they agree. Given poor diet described by ***** I think likely dietary cause. For oral B12 replacement
Diagnosis (P3)	Called and spoke to ***** (Kerry), confirmed Robert not currently present and free to speak. Things are slowly worsening - more paranoia and lasting longer. Still feels safe and not at risk with him. Works as civil servant for DWP and still doing this from home - at the moment finds work a helpful distraction, has an occupational health referral in place to see if anything else they can do to support her while she supports Robert. She watches him take risperidone so definitely is taking it. Told her about B12 and plan for tablet to replace. Discussed how CT head to rule out physical cause, if not physical cause then management under psychiatry - understands this
Diagnosis (P3)	For oral B12 replacement. Rest of plan as per previous entry. Encouraged Kerry to call psych or us if she doesn't feel things are safe/someone at risk fo harm

26-Feb-2025 Dr Voice Connect Other

Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Monday 03/03/2025 at 08:45With: Ms Karyn Warwick.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Thursday 27/02/2025 at 10:00With: Dr ***** Money.To cancel this appointment, contact the surgery on 01382 461588

25-Feb-2025 Miss Louise Kerrigan Surgery consultation

Examination	Serum albumin SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	36 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	122 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	20 U/L
Examination	Serum vitamin B12 SPECIMEN ID: H252531512SPECIMEN TYPE: Blood	**155 ng/L**
Examination	Serum total bilirubin level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	9 umol/L
Examination	Serum calcium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.24 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.28 mmol/L
Examination	Serum creatinine SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	65 umol/L
Examination	Eosinophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**0.42**
Examination	Serum folate SPECIMEN ID: H252531512SPECIMEN TYPE: Blood> 17.5	
Examination	Haemoglobin estimation SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	167 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**32.5 pg**
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	334 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	97.3 fL

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Examination	Monocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0.5	
Examination	Neutrophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	4.1	
Examination	Platelet count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	245	
Examination	Serum potassium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	4.4 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	5.12	
Examination	Serum sodium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	144 mmol/L	
Examination	Serum TSH level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	0.67 mU/L	
Examination	Serum TSH level Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Total white cell count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	6.8	
Examination	Lymphocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	1.7	
Examination	B12/folate level Specimen Id: H252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Plasma glucose level SPECIMEN ID: C252531512SPECIMEN TYPE: Fluoride Oxalate	**6.2 mmol/L**	
Examination	Plasma glucose level Specimen Id: C252531512Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Bone profile Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Full blood count - FBC Specimen Id: H252531512Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Liver function test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Biochemical test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	O/E - pulse rhythm regular		
Examination	O/E - pulse rate, 101 beats/minute , Measure: 101, Measure Units: beats/minute	101 bpm	
Examination	Haematocrit SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0.498	
Examination	Basophil count, 0 SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0	
Examination	Acute kidney injury warning stage SPECIMEN ID: C252531512SPECIMEN TYPE: Blood		
Examination	Acute kidney injury warning stage Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	O/E - blood pressure reading	123 / 77 mm Hg	
Diagnosis (P3)	With *****, chat seeing Dr Money on Monday and has his MRI at PRI on thursday evening at 6.45 pm, fine re getting there .		
Examination (P3)	O/E - blood pressure reading		
Examination	Blood sample -> Haematol Lab <c>		
Examination	Blood sample -> Biochem Lab <c>		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C252531512SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C252531512SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	**Serum albumin**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	36 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	122 U/L	(Range: 30 - 130)
Examination	**Serum alanine aminotransferase level**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood: Serum alanine aminotransferase level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	20 U/L	(Range: 5 - 55)

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Examination	**Serum vitamin B12**SPECIMEN ID: H252531512SPECIMEN TYPE: Blood: **Abnormal**		
	Serum vitamin B12 SPECIMEN ID: H252531512SPECIMEN TYPE: Blood	**155 ng/L**	**(Range: 200 - 940)**
Examination	**Serum total bilirubin level**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum total bilirubin level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	9 umol/L	(No range available)
Examination	**Serum calcium**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum calcium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.24 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Corrected serum calcium level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.28 mmol/L	(Range: 2.1 - 2.55)
Examination	**Serum creatinine**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum creatinine SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	65 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA: **Abnormal**		
	Eosinophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**0.42**	**(No range available)**
Examination	**Serum folate**SPECIMEN ID: H252531512SPECIMEN TYPE: Blood> 17.5: **Abnormal**		
	Serum folate SPECIMEN ID: H252531512SPECIMEN TYPE: Blood> 17.5		(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Haemoglobin estimation SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	167 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA: **Abnormal**		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**32.5 pg**	**(Range: 27 - 32)**
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	334 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Mean corpuscular volume (MCV) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	97.3 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0.5	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	4.1	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	245	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum potassium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	4.4 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Red blood cell (RBC) count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	5.12	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum sodium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	144 mmol/L	(Range: 133 - 146)
Examination	**Serum TSH level**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:		
	Serum TSH level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	0.67 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum TSH level Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Total white cell count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Total white cell count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	6.8	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:		
	Lymphocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	1.7	(Range: 1.5 - 4)
Examination	**B12/folate level**Specimen Id: H252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	B12/folate level Specimen Id: H252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Plasma glucose level**SPECIMEN ID: C252531512SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**		
	Plasma glucose level SPECIMEN ID: C252531512SPECIMEN TYPE: Fluoride Oxalate	**6.2 mmol/L**	**(Range: 3.3 - 5.8)**
Examination	**Plasma glucose level**Specimen Id: C252531512Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Plasma glucose level Specimen Id: C252531512Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Bone profile**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Bone profile Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

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Examination	**Full blood count - FBC**Specimen Id: H252531512Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**	
	Full blood count - FBC Specimen Id: H252531512Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**Liver function test**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Liver function test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Biochemical test**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Biochemical test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Haematocrit**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:	
	Haematocrit SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0.498 (Range: 0.4 - 0.52)
Examination	**Basophil count, 0**SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA:	
	Basophil count, 0 SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0 (No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:	
	Acute kidney injury warning stage SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Acute kidney injury warning stage Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Blood sample -> Haematol Lab**<c>:	
	Blood sample -> Haematol Lab <c>	(No range available)
Examination	**Blood sample -> Biochem Lab**<c>:	
	Blood sample -> Biochem Lab <c>	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ origin**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood:	
	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C252531512SPECIMEN TYPE: Blood> 60:	
	GFR calculated abbreviated MDRD SPECIMEN ID: C252531512SPECIMEN TYPE: Blood> 60	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ origin**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

24-Feb-2025 Dr Voice Connect Other

Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Thursday 27/02/2025 at 10:00With: Dr ***** Money.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Tuesday 25/02/2025 at 10:30With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Tuesday 25/02/2025 at 10:30With: Miss ***** Kerrigan.To cancel this appointment, contact the surgery on 01382 461588

21-Feb-2025 Dr Anne Money Administration

Diagnosis (P3)	See psychiatry letter in Docman. They have started him on risperidone and are following-up and arranging CT head. They are requesting us to see urgently for bloods and physical review to exclude physical cause. Symptoms on-going since November so can be arranged next week.
Diagnosis (P3)	Added to reception messages list - admin please can you contact Robert and also give the appointment details to his *****. The psychiatrist has asked us to arrange some blood tests and then a GP appointment. Can you put him in for bloods on Mon or Tues next week then a F2F appt with me on Thursday (can use a red slot). Thanks

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21-Feb-2025 Mrs Leesa Mcginlay Surgery consultation

Diagnosis (P3) tried phoning pt as per docs with action and reception messages - please see note below

21-Feb-2025 Mrs Lesley Laing Surgery consultation

Diagnosis (P3) Bloods booked 25/2 and Dr Money 27/2

20-Feb-2025 Dr Alison Gillan Other

Diagnosis (P3) issued

19-Feb-2025 Ms Carolyn Fitzpatrick Surgery consultation

Diagnosis (P3) KCC POA 18/02 recommend risperidone 0.5mg ON will add acute for GP to issue

Administration (P3) Outpatient clinic letter received

17-Feb-2025 Mrs Valerie Dempster Surgery consultation

Intervention EMISSPR715: Old age psychiatry referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Money; Reason: EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)*

Diagnosis (P3) pl ph pt on mobile regarding-pt is hearing voices. is on reception messages for appt with PALMS-no appts avail- pt is desperate.

17-Feb-2025 Dr Anne Money Other

Diagnosis (P3) RUA list. Spoke to ***** (Kerry) and then to Robert himself. Referred urgent psych of old age Nov time, missed a couple of appointments as he was unwell, then stated he never got letter with most recent appointment details. For last 2 months or so, has been hearing voices. Slowly worsening. Whispering, can't make out what they are saying. Accepting now that he is hearing them, but when he hears them are convinced they are real. Asks Kerry why she is talking about him. Paranoid about things - people out to get him, took apart some electronics at home as thought the red light was spying on him. Kerry thinks things are getting worse and worse - asked are if she feels safe, she does, more worried he is going to harm himself. No alcohol or drugs recently. Robert coherent and able to answer questions appropriately over the phone. Asked Robert about thoughts of harming other people - he says he would if he knew who the culprit was but he doesn't know who it is. Kerry can take him to psych appt today or next few days. Advised I would speak to old age psych on-call then call them back. Called old age psych - duty worker on a call just now but left my number for her to call me back and admin asked me to put SCI gateway referral through while waiting. (Removed request for PALMS appt)

17-Feb-2025 Dr Anne Money Other

Diagnosis (P3) Spoke to psych old age duty worker ***** *****. She will discuss with team and get someone to get in contact with Robert directly today or tomorrow with a plan. Updated Robert of this by phone

14-Feb-2025 Mrs Valerie Dempster Surgery consultation

Diagnosis (P3) pt at desk-is needing more sildenafil-nor-last issued 10/1. to go with rpts issued today-wishes to collect after 5pm.

14-Feb-2025 Dr Anne Money Administration

Diagnosis (P3) issued and added to repeats

05-Feb-2025 Mrs Andrea Todd Other

30-Jan-2025 Dr Doc Man Other

Intervention Discharge from care *(Psychiatry of old age - multiple failed attendances). Sender: Dr Doc Man; Reason: Discharge from care*

10-Jan-2025 Mrs Valerie Dempster Surgery consultation

Diagnosis (P3) large cyst on leg. said can't wait for monday.

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10-Jan-2025 Dr Anne Money Surgery consultation

Diagnosis (P3)	Other skin and subcutaneous tissue disease NOS
Diagnosis (P3)	Once previously, had infection on skin back of right thigh and needed antibiotics. Cleared up. Few days ago, felt pain in that area. ***** looked and looked in same place and similar appearance to previous infectoin
Diagnosis (P3)	Posterior of right thigh, small area of erythema, slightly swollen but nil palpable lump, with small scabs on top
Diagnosis (P3)	Not completely typical of infection, but given history of response to antibiotics before, treat with oral doxycycline (allergic to penicillin)
Diagnosis (P3)	Erectile dysfunction
Diagnosis (P3)	Long-term issue, on and off. Reports had viagra from previous GP, needed 100mg dose, sometimes worked sometimes didn't. No side effects with it. No history of heart problems. No longer drinking or smoking
Diagnosis (P3)	Sildenafil issued at dose used previously, if side effects could use smaller dose. Aware can't take more than 100mg at a time
Diagnosis (P3)	Has re-arranged appt with psychiatry. Missed some as was unwell.
Diagnosis (P3)	Has appt later this month with gastro for chronic pancreatitis - missed last appt as couldn't get parked at Ninewells

09-Jan-2025 Dr Doc Man Other

Administration (P3)	DNA hospital appointment Gastroenterology - discharged as previous DNA

20-Dec-2024 Dr Doc Man Other

Administration (P3)	Did not attend Kingsway Care Centre

13-Dec-2024 Dr Doc Man Other

Administration (P3)	DNA hospital appointment Psychiatry of Old Age . Reappointed.

21-Nov-2024 Dr Anne Money Surgery consultation

Intervention	8H49.: Psychiatric referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Money; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*
Intervention	EMISSPR715: Old age psychiatry referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Money; Reason: EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)*
Diagnosis (P3)	Struggling mentally, has been for a long time but reports never done anything about it before. Things up and down, can be fine one minute and then everyting sets off the next minute. Has provided written list from ***** - dissociate from reality, incapable of understanding effect of own actions on othrs, causes war with closest people over trivial things, constantly switches behavious like pressing a switch, wild accusations, major paranoisa, doesn't seem to understand his actions has caused mental breakdown and then things can instantly then be fine again. He agrees with all these descriptions about him. Doesn't want to be like this, knows his actions are pushing people away. Has been with ***** for 20 years and has been like this the whole time, doesn't want to keep acting like this. Long-term thoughts of harming himself because of how he is - thinks about just getting a bottle of alcohol and drinking it all. Previous issues with alcohol but tells me none for 5 years. Denies illicit drugs
Diagnosis (P3)	Talkative, good eye contact
Diagnosis (P3)	Refer to psychiaty urgently. Given crisis numbers and advised to call Hope Point for support meantime
Diagnosis (P3)	Pain an on-going issue. Reports did send questionnaires back to pain clinic last time he got them. Admin team - please can you check if Robert is on the waiting list for the pain clinic, and let AM know if he isn't. Thanks

21-Nov-2024 Mrs Valerie Dempster Telephone Consultation

Diagnosis (P3)	I phoned pain clinic appts-pt is on the list which has been for 6 weeks-waiting time for appts is about 1 year.

21-Nov-2024 Mrs Audrey Fleming Surgery consultation

Diagnosis (P3)	Alloway, CMHT advising as this pt is 66, he would need to be referred to Old Age Psych.

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21-Nov-2024 Dr Anne Money Administration

Diagnosis (P3) referral resent to psychiatry of old age

21-Nov-2024 Dr Anne Money Third Party Consultation

Diagnosis (P3) Call from duty worker old age psych after receiving urgent referral. Explained in a bit more detail. They are asking if I think needs seen today - explained I don't as no active plans, but within weeks rather than months. They will discuss at allocations meeting next Tuesday and will contact him very soon after that, so won't have to wait long

20-Nov-2024 Dr Voice Connect Other

Administration (P3) SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Thursday 21/11/2024 at 08:45With: Dr ***** Money.To cancel this appointment, contact the surgery on 01382 461588

30-Oct-2024 Miss Susan Mcgeoghie Other

Administration (P3) PEM sent off MACFARLANE ARBROATH RD.SM

29-Oct-2024 Dr Voice Connect Other

Administration (P3) SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Thursday 21/11/2024 at 08:45With: Dr ***** Money.To cancel this appointment, contact the surgery on 01382 461588

08-Oct-2024 Mrs Audrey Fleming Other

Intervention 8HTH.: Referral to back pain clinic (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Gillan; Reason: 8HTH.: Referral to back pain clinic (SCI Gateway Referral)*

04-Oct-2024 Dr Alison Gillan Other

Diagnosis (P3) pain clinic referral cancelled due to lack of return of questionnaire. I have written to LMC re: this. however patient has DNA clinic recently and this is 2nd time I've written to pain clinic to reinstate him. I'm unsure if he wants to attaned so have written to him to ask him to make GP appt. If he wants to go I would ask that he be reinstated on the list

04-Sept-2024 Dr Doc Man Other

Administration (P3) DNA hospital appointment GI clinic - one further appointment to be offered

03-Sept-2024 Dr Wendy Taylor Other

Diagnosis (P3) if lawyer requesting info should contact us in normal way. Can have copy of summary.

03-Sept-2024 Mrs Pamela Reid Surgery consultation

Diagnosis (P3) pt asking for a letter as his trial date has been changed to 06.09.24 - he has had a letter previously but trial date was changed - asking for an up to date letter stating that he suffers from Chronic Pancreatitis - aware of possible charge £15.00

29-Aug-2024 Dr Sonia Cooper Other

Diagnosis (P3) issued

28-Aug-2024 Miss Susan Mcgeoghie Other

Diagnosis (P3) request received including Senna and Macrogol both issued 190724 also asking for Codeine and Laxido(same as macrogol)-TO GO WITH REPEATS.

28-Aug-2024 Dr Doc Man Other

Administration (P3) DNA hospital appointment General GI clinic

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23-Aug-2024 Dr Alison Gillan Other

Intervention	8H69.: Refer to pain clinic (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Gillan; Reason: 8H69.: Refer to pain clinic (SCI Gateway Referral)*

22-Aug-2024 Dr Alison Gillan Other

Diagnosis (P3)	Pt referral to pain clinic declined due to non return of questionnaire. I have written to ask that they reinsate this appt and will let patient know to expect questionnaire

02-Aug-2024 Mrs Valerie Dempster Surgery consultation

Diagnosis (P3)	pt at desk-is wanting to deal with lawyer himself-needs a letter to confirm was unwell 18th july due to abdo pain, so could not attend a trial. see notes on 19th july gh. pt will pay for letter himself.

02-Aug-2024 Dr Anne Money Administration

01-Aug-2024 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse	
Administration (P3)	Did not attend blood test	

31-July-2024 Dr Doc Man Other

Examination	Serum albumin SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	37 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	108 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	19 U/L
Examination	Serum total bilirubin level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	14 umol/L
Examination	Serum creatinine SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	70 umol/L
Examination	Eosinophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.23
Examination	Haemoglobin estimation SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	161 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	31.1 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	329 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	94.4 fL
Examination	Monocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.4
Examination	Neutrophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	4.4
Examination	Platelet count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	238
Examination	Serum potassium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	4 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	5.18
Examination	Serum sodium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	139 mmol/L
Examination	Total white cell count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	7.3
Examination	Lymphocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	2.3
Examination	Full blood count - FBC Specimen Id: H242050510Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Liver function test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum amylase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	39 U/L
Examination	Serum amylase level Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	5.5 mg/L
Examination	Plasma C reactive protein Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	

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Examination	Biochemical test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.489	
Examination	Basophil count, 0 SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0	
Examination	Acute kidney injury warning stage SPECIMEN ID: C242050510SPECIMEN TYPE: Blood		
Examination	Acute kidney injury warning stage Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Administration	Seen by community-based nurse (P3)		
Examination	Blood sample -> Biochem Lab		
Examination	Blood sample -> Haematol Lab		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C242050510SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C242050510SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	**Serum albumin**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	37 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	108 U/L	(Range: 30 - 130)
Examination	**Serum alanine aminotransferase level**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum alanine aminotransferase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	19 U/L	(Range: 5 - 55)
Examination	**Serum total bilirubin level**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	14 umol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	70 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.23	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	161 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	31.1 pg	(Range: 27 - 32)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	329 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	94.4 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.4	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	4.4	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	238	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	4 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	5.18	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)
Examination	**Total white cell count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Total white cell count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	7.3	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA: Lymphocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	2.3	(Range: 1.5 - 4)

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Examination	**Full blood count - FBC**Specimen Id: H242050510Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Full blood count - FBC Specimen Id: H242050510Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Liver function test**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Liver function test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum amylase level**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood:		
	Serum amylase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	39 U/L	(No range available)
Examination	**Serum amylase level**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum amylase level Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood:		
	Plasma C reactive protein SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	5.5 mg/L	(No range available)
Examination	**Plasma C reactive protein**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Plasma C reactive protein Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Biochemical test**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Biochemical test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.489	(Range: 0.4 - 0.52)
Examination	**Basophil count, 0**SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA:		
	Basophil count, 0 SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood:		
	Acute kidney injury warning stage SPECIMEN ID: C242050510SPECIMEN TYPE: Blood		(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Acute kidney injury warning stage Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Blood sample -> Biochem Lab**:		
	Blood sample -> Biochem Lab		(No range available)
Examination	**Blood sample -> Haematol Lab**:		
	Blood sample -> Haematol Lab		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood:		
	GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C242050510SPECIMEN TYPE: Blood		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C242050510SPECIMEN TYPE: Blood> 60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: C242050510SPECIMEN TYPE: Blood> 60		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	GFR calculated abbreviated MDRD Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

19-July-2024 Mrs Linda Fyall Surgery consultation

Diagnosis (P3)	07923 654 468 still in pain.
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Friday 19/07/2024 at 14:15With: Dr ***** Heron.To cancel this appointment, contact the surgery on 01382 461588

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19-July-2024 Dr Georgina Heron Surgery consultation

Examination	O/E - pulse rate 95 beats/minute , Measure: 95, Measure95 bpm Units: beats/minute		
Examination	O/E - temperature normal <c>36.8		
Symptom (P3)	Abdominal pain		
Diagnosis (P3)	In a lot of pain in abdomen - pt thinking it was his pancreatitis last few days, says needing stronger painkillers. However, pain is in LLQ rather than epigastric/RUQ, no fever, no rigors. Abdo distended ++, tender LLQ, bowel sounds present, passing wind ok. Faecal loading ++ evidenent. Has been having diarrhoea only last week or so, long time since last normal stool. Suspect constipation causing pain rather than pancreas. Suggest paracetamol only for pain, avoid codeine currently. Laxido + Senna. strong WAG over weekend - if vomiting, not passing gas or pain increasing seek review. Suggest getting up to date bloods as last amylase was ok. Robert happy with this.		
Diagnosis (P3)	Asking for letter for lawyer due to some recent charges. Unclear what is needed. Provided practice email address and asked Robert to request lawyer write or email with what needed. Advised likely a charge for this.		
Examination	Oxygen saturation at periphery 94 % <c>	94 %	
Examination	**O/E - temperature normal**<c>36.8: O/E - temperature normal <c>36.8		(No range available)
Examination	**Oxygen saturation at periphery 94 %**<c>: Oxygen saturation at periphery 94 % <c>	94 %	(No range available)

11-July-2024 Dr Georgina Heron Other

Intervention	8H69.: Refer to pain clinic (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Heron; Reason: 8H69.: Refer to pain clinic (SCI Gateway Referral)*

10-July-2024 Dr Georgina Heron Surgery consultation

03-July-2024 Miss Susan Mcgeoghie Other

Diagnosis (P3)	pt looking for appt today-looking for stronger painkillers-says urgent for today.

03-July-2024 Dr Georgina Heron Surgery consultation

Symptom (P3)	Headache
Diagnosis (P3)	Struggling with headache and back pain longstanding, worse since being in hospital with pancreatitis. Note pt was supposed to see me back in March for discussion of medication following neurology but became unwell at that time. Neurology had suggested trial of indomethacin. Given pancreatitis is a potential side effect of this medication, would avoid currently. Has tried amitrptyline in the past but felt very tired and strange on this. Suggest trial of nortriptyline as alternative to see if this helps with headache and back pain together. Start small dose with potential to increase if needed. WAG and knows to contact if problematic side effects. Needs re-referral to pain team as missed lettter

20-Jun-2024 Dr Rebecca Martin Other

Diagnosis (P3)	reissued as requested

20-Jun-2024 Mrs Valerie Dempster Surgery consultation

Diagnosis (P3)	pt at desk-is needing more creon 25000-nor-last issued 28/5-pt said has to take after every meal-eats. only gallaghers barnhill have them seemingly. please send to them.
Administration (P3)	PEM sent off GALLACHERS-LL

17-Jun-2024 Mr Jamie Weir Surgery consultation

Diagnosis (P3)	NW ward 7 15/6/24. Codeine 30mg QDS for pain. Laxido 1-2 sachets for constipation when needed - both added to acute
Intervention (P3)	Post hospital dischrge med reconciliation with medical notes

15-Jun-2024 Ms Sally Holden Other

Diagnosis (P1)	Chronic pancreatitis

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11-Jun-2024 Mrs Pamela Reid Surgery consultation

Diagnosis (P3) left message on pt mob letting him know medication @ mcfarlanes

10-Jun-2024 Mrs Valerie Dempster Telephone Consultation

Diagnosis (P3) pt at desk-said chemist have lost his medications. I said to go back to chemist to check again-pt stormed out-muttering to himself. I was trying to help-pt not happy.

10-Jun-2024 Mrs Valerie Dempster Telephone Consultation

Diagnosis (P3) I phoned macfarlanes arb rd 9am today-they have 4 items waiting to be collected-mirtazapine, menthol, lansoprazole and ibuprofen. they said they can't get creon-someone took that presciption away with them to try another chemist. phd pt 9.07am-n/r.

29-May-2024 Miss Susan Mcgeoghie Other

28-May-2024 Dr Smaira Ali Surgery consultation

28-May-2024 Mrs Lorraine Cunningham Surgery consultation

Diagnosis (P3) Patient came to desk with prescription for Creon Micro Gastro- resistant Granules. This is completely out of stock. Alternative is Creon Capsules 25,000. Can we let patient know when script ready.

24-May-2024 Ms Abigail Anetekhai Surgery consultation

Diagnosis (P3) Re: Dr *****'s entry 100mg/1 scoop of creon micro is equiv to 5,000 lipase units. Pt will require 2 scoops to make up 10,000unit dose

Diagnosis (P3) Patient informed rx has bewen issued and will collect today. Advised o get back in touch if there are any issues

23-May-2024 Dr Sonia Cooper Other

Diagnosis (P3) see below- I don't know how to work out equivalent dose for the microgranules- will ask pharmacy team

22-May-2024 Mrs Andrea Todd Surgery consultation

Diagnosis (P3) patient has been issued with Creon 1000 but there is a shortage with these and wont be back in stock for several months. McFarlanes arb rd have Creonmicrogranules 20g box in stock would you prescribe this for patient? AT

21-May-2024 Dr Wendy Taylor Other

Diagnosis (P3) issued

20-May-2024 Mrs Pamela Reid Surgery consultation

Diagnosis (P3) CREON 1000 CAP LAST ISSUED 26.03.24 - SEND TO MCFARLANES ARBROATH RD

09-May-2024 Mrs Helen Connelly Surgery consultation

Administration (P3) SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Thursday 09/05/2024 at 15:00With: Mrs ***** Connelly.To cancel this appointment, contact the surgery on 01382 461588

Diagnosis (P3) Pre-diabetes

Diagnosis (P3) new pre diabetic written and verbal information given.Advcied will require to come for yearly fasting glucose.While he was here mentioned painful boil on back of his leg painful and red.Seen by dr ***** antibiotics given.

02-May-2024 Dr Voice Connect Other

Administration (P3) SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Thursday 09/05/2024 at 15:00With: Mrs ***** Connelly.To cancel this appointment, contact the surgery on 01382 461588

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01-May-2024 Mrs Helen Connelly Surgery consultation

Diagnosis (P3)	HbA1c 46 pre diabetic	
Diagnosis (P1)	Pre-diabetes	

01-May-2024 Mrs Helen Connelly Surgery consultation

Administration (P3)	Telephone encounter Adviced of Hba1c result appt given to discuss pre diabetes reqs weight	

29-Apr-2024 Mr Paul Hendrie Surgery consultation

Examination	Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate	**6.1 mmol/L**
Examination	Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate	**6.1 mmol/L**
Examination	Plasma fasting glucose level Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Plasma fasting glucose level Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: C241834695SPECIMEN TYPE: Whole blood EDTA	46 mmol/mol
Examination	Haemoglobin A1c level - IFCC standardised Specimen Id: C241834695Specimen Type: Whole blood EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	**Plasma fasting glucose level**SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**	
	Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate	**6.1 mmol/L** **(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**	
	Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate	**6.1 mmol/L** **(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**	
	Plasma fasting glucose level Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**Plasma fasting glucose level**Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**	
	Plasma fasting glucose level Specimen Id: C241834695Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	(No range available)
Examination	**Haemoglobin A1c level - IFCC standardised**SPECIMEN ID: C241834695SPECIMEN TYPE: Whole blood EDTA:	
	Haemoglobin A1c level - IFCC standardised SPECIMEN ID: C241834695SPECIMEN TYPE: Whole blood EDTA	46 mmol/mol (No range available)
Examination	**Haemoglobin A1c level - IFCC standardised**Specimen Id: C241834695Specimen Type: Whole blood EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Haemoglobin A1c level - IFCC standardised Specimen Id: C241834695Specimen Type: Whole blood EDTANumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

29-Apr-2024 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse	
Examination	Blood sample -> Biochem Lab	
Examination	Blood sample -> Haematol Lab	
Examination	**Blood sample -> Biochem Lab**:	
	Blood sample -> Biochem Lab	(No range available)
Examination	**Blood sample -> Haematol Lab**:	
	Blood sample -> Haematol Lab	(No range available)

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19-Apr-2024 Dr Doc Man Other

Examination	Plasma fasting glucose level SPECIMEN ID: C241813154SPECIMEN TYPE: Fluoride Oxalate	**6.7 mmol/L**	
Examination	Plasma fasting glucose level Specimen Id: C241813154Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Administration (P3)	Seen by community-based nurse		
Examination	Blood sample -> Biochem Lab		
Examination	Blood sample -> Haematol Lab		
Examination	**Plasma fasting glucose level**SPECIMEN ID: C241813154SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**		
	Plasma fasting glucose level SPECIMEN ID: C241813154SPECIMEN TYPE: Fluoride Oxalate	**6.7 mmol/L**	**(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**Specimen Id: C241813154Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Plasma fasting glucose level Specimen Id: C241813154Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Blood sample -> Biochem Lab**: Blood sample -> Biochem Lab		(No range available)
Examination	**Blood sample -> Haematol Lab**: Blood sample -> Haematol Lab		(No range available)

26-Mar-2024 Dr Alison Gillan Other

Diagnosis (P3)	issued

26-Mar-2024 Mrs Lorraine Cunningham Surgery consultation

Diagnosis (P3)	Chemist unable to issue Creon 25000 as this is out of stock. Chemist can issue Creon 10000. Pls can patient have new scrip. See entry below.
Administration (P3)	PEM sent off mcfarlanes

22-Mar-2024 Ms Abigail Anetekhai Surgery consultation

Intervention (P3)	Discharged from outpatients Gastroenterology 20/03/24
Diagnosis (P3)	Pancreatic insufficiency
Diagnosis (P3)	Patient awere he is to commence creon. He will collect from surgery on Monday

20-Mar-2024 Dr Georgina Heron Surgery consultation

Diagnosis (P3)	Neuralgia unspecified
Diagnosis (P3)	Letter back from neurology saying that it sounds like Hemicrania Continua which responds well to indomethacin. Discussed further with Robert who confirms symptoms congruent with this. Would be keen trial indomethacin. Will discuss with Sorrel.
Symptom (P3)	Anxiousness
Diagnosis (P3)	Has missed mirtazapine last few weeks as slept in for appointment. Advised that if needing medication can always phone and get enough to tide him over until next apt. Was not having any negative side effects with this. Happy to continue on. Further script issued. Keen to have bloods taken again as worrying about the blood sugars being high before Christmas. Explained second set was ok but feels he is sometimes feeling like he gets a bit dizzy and this resolves when having some sugar. Concerned about this. Does not think these are anything like the seizures he previously experienced. Recent normal CT head. Has been referred to neuro for ongoing headache, see above. Will get some fasting bloods and BP sitting/standing done at C&T.

26-Feb-2024 Dr Georgina Heron Surgery consultation

Intervention	8H46.: Neurological referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Heron; Reason: 8H46.: Neurological referral (SCI Gateway Referral)*
Intervention	8H49.: Psychiatric referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** Heron; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*
Symptom (P3)	Headache
Diagnosis (P3)	8H46.: Neurological referral (SCI Gateway Referral)

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26-Feb-2024 Dr Georgina Heron Surgery consultation

Diagnosis (P3)	Cervicalgia - pain in neck
Diagnosis (P3)	8H49.: Psychiatric referral (SCI Gateway Referral)

15-Feb-2024 Other

Examination	Serum albumin SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	39 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	103 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	20 U/L
Examination	Serum total bilirubin level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	16 umol/L
Examination	Serum cholesterol SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	3.73 mmol/L
Examination	Serum cholesterol SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	3.73 mmol/L
Examination	Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum creatinine SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	70 umol/L
Examination	Eosinophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.23
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	31 U/L
Examination	Haemoglobin estimation SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	168 g/L
Examination	Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L
Examination	Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	30.7 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	321 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	95.7 fL
Examination	Monocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.4
Examination	Neutrophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	3.7
Examination	Platelet count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	190
Examination	Serum potassium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.6 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	5.45
Examination	Serum sodium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	141 mmol/L
Examination	Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L
Examination	Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L
Examination	Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Total white cell count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	6.4
Examination	Lymphocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	2
Examination	Full blood count - FBC Specimen Id: H241662278Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	
Examination	Liver function test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	6.9 mg/L
Examination	Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	6.9 mg/L
Examination	Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	

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Examination	Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Biochemical test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	**0.522**	
Examination	Basophil count, 0 SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0	
Examination	Acute kidney injury warning stage SPECIMEN ID: C241662278SPECIMEN TYPE: Blood		
Examination	Acute kidney injury warning stage Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Total cholesterol:HDL ratio SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.2	
Examination	Total cholesterol:HDL ratio SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.2	
Examination	Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C241662278SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C241662278SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	**Serum albumin**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	39 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	103 U/L	(Range: 30 - 130)
Examination	**Serum alanine aminotransferase level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum alanine aminotransferase level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	20 U/L	(Range: 5 - 55)
Examination	**Serum total bilirubin level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	16 umol/L	(No range available)
Examination	**Serum cholesterol**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum cholesterol SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	3.73 mmol/L	(No range available)
Examination	**Serum cholesterol**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum cholesterol SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	3.73 mmol/L	(No range available)
Examination	**Serum cholesterol**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum cholesterol**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum creatinine**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	70 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.23	(No range available)
Examination	**Serum gamma-glutamyl transferase level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum gamma-glutamyl transferase level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	31 U/L	(Range: 3 - 73)
Examination	**Haemoglobin estimation**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	168 g/L	(Range: 130 - 180)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L	(Range: 0.6 - 2.5)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L	(Range: 0.6 - 2.5)

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Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	30.7 pg	(Range: 27 - 32)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	321 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	95.7 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.4	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	3.7	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	190	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.6 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	5.45	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	141 mmol/L	(Range: 133 - 146)
Examination	**Serum TSH level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum TSH level**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Total white cell count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Total white cell count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	6.4	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Lymphocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	2	(Range: 1.5 - 4)
Examination	**Full blood count - FBC**Specimen Id: H241662278Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal** Full blood count - FBC Specimen Id: H241662278Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Liver function test**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag:: Liver function test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	6.9 mg/L	(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	6.9 mg/L	(No range available)
Examination	**Plasma C reactive protein**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Biochemical test**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:: Biochemical test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: **Abnormal** Haematocrit SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	**0.522**	**(Range: 0.4 - 0.52)**

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Examination	**Basophil count, 0**SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA: Basophil count, 0 SPECIMEN ID: H241662278SPECIMEN0 TYPE: EDTA	(No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Acute kidney injury warning stage SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Acute kidney injury warning stage Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Total cholesterol:HDL ratio**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Total cholesterol:HDL ratio SPECIMEN ID: 4.2 C241662278SPECIMEN TYPE: Blood	(No range available)
Examination	**Total cholesterol:HDL ratio**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: Total cholesterol:HDL ratio SPECIMEN ID: 4.2 C241662278SPECIMEN TYPE: Blood	(No range available)
Examination	**Total cholesterol:HDL ratio**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Total cholesterol:HDL ratio**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood: GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C241662278SPECIMEN TYPE: Blood> 60: GFR calculated abbreviated MDRD SPECIMEN ID: C241662278SPECIMEN TYPE: Blood> 60	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: GFR calculated abbreviated MDRD Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

14-Feb-2024 Mrs Lorraine Cunningham Other

Diagnosis	BCSP faecal occult blood test normal SPECIMEN ID: SPECIMEN TYPE: Negative	
Diagnosis	Bowel Cancer Screening Result Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Diagnosis	**BCSP faecal occult blood test normal**SPECIMEN ID: SPECIMEN TYPE: Negative: BCSP faecal occult blood test normal SPECIMEN ID: SPECIMEN TYPE: Negative	(No range available)
Diagnosis	**Bowel Cancer Screening Result**Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Bowel Cancer Screening Result Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

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07-Feb-2024 Dr Georgina Heron Surgery consultation

Diagnosis (P3)	Cervicalgia - pain in neck		
Diagnosis (P3)	Robert came back to see me today but had forgotten to get the bloods requested done in the meantime, unfortunately. Had further discussion of his main concerns - sleep is poor, mood is low and stress levels high which he feels are making the pain worse during the day. Headache is ongoing, no effect from propranolol for this. Had CT head back in June - NAD. Neuro had previously suggested r/o GCA but bloods were repeated with normal PV and no clinical symptoms/signs of GCA (no scalp tenderness, no prominent vessels, temporal pulses in tact). Does have chronic pain in shoulders/neck but congruent with long-standing injuries. No seizures for a few years - all seem to have been related to acute ETOH withdrawl. Discussed options - feels getting sleep under control would help most right now. Suggested trial mirtazapine 15mg nocte, explained potential GI side effects, transient increased agitation, increased hunger. Happy to try this, make review apt with me in 3/52 and get bloods done meantime. If established on mirtazapine and no major side effects could consider titration of gabapentin for pain at that point. Will re-refer neurology and will also put a pain team ref in. Explained we will still try to get pain under control meantime and that wait time is long for pain team. Robert happy with this.		

25-Jan-2024 Dr Georgina Heron Surgery consultation

Diagnosis (P3)	Cervicalgia - pain in neck		
Diagnosis (P3)	Came in to discuss MRI results. Explained evidence of degenerative changes with disc protrusion at neck, lower thoracic and lumbar spine. While these do explain his pain, it is unlikely that neurosurgeons will offer definative management for these. Robert understanding of this, feels referral would be a waste of time - explained we can request advice if needed and that if symptoms deteriorate or develops focal neurology we should. revisit this - WAG and red flags discussed. Discussed options for pain management - has tried various medications to little effect, reviewing these it appears mostly opiates or anti-inflammatories with only amitriptyline for a short time as a neuropathic agent. Discussed whether he would be interested in trying something else that works on nerves which he said he would be open to. Reviewed ETOH intake - has been completely abstinent for last 3 years which opens options a lot. Given ongoing low mood, duloxetine might be a good option or gabapentin. Suggested that I discsuss this further with Sorrel and can update at next review. Has booked apt for bloods and review apt with me.		

27-Dec-2023 Dr Smaira Ali Surgery consultation

Examination	O/E - pulse rate, 70 beats/minute , Measure: 70, Measure Units: beats/minute	70 bpm	
Examination	O/E - blood pressure reading	139 / 74 mm Hg	
Symptom (P3)	Headache		
Diagnosis (P3)	history of unilateral headaches, almost daily, no red flags, but on x-mas day tripped over dog and fell, hot head on wardrobe and headache worse since - no vomiting, no visual change. no neurological symptoms.		
Diagnosis (P3)	fundoscopy normal.		
Diagnosis (P3)	imp - chronic headaches with current acute head injury without red flags - it is the chronic headaches that ios bothering him - try prevention, WAG.		
Examination (P3)	O/E - blood pressure reading well, normal gait, no focal neuro, CN intact,		
Examination	Oxygen saturation at periphery 97 % <c>T36.7	97 %	
Examination	**Oxygen saturation at periphery 97 %**<c>T36.7: Oxygen saturation at periphery 97 % <c>T36.7	97 %	(No range available)

27-Dec-2023 Mrs Lorraine Cunningham Surgery consultation

Diagnosis (P3)	Patient came to desk. Feel over his dog a couple of days ago and banged head off wardrobe. hasn't felt right since.		

21-Dec-2023 Dr Wendy Taylor Other

Intervention	8H48.: Gastroenterological referral (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H48.: Gastroenterological referral (SCI Gateway Referral)*		

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14-Dec-2023 Dr Doc Man Other

Examination	Serum creatinine SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	65 umol/L	
Examination	Eosinophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.25	
Examination	Haemoglobin estimation SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	174 g/L	
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	31.7 pg	
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	341 g/L	
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	93.1 fL	
Examination	Monocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.5	
Examination	Neutrophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	4.4	
Examination	Platelet count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	199	
Examination	Serum potassium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	5 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	5.49	
Examination	Serum sodium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	140 mmol/L	
Examination	Total white cell count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	7.4	
Examination	Lymphocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	2.3	
Examination	Full blood count - FBC Specimen Id: H231523856Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma fasting glucose level SPECIMEN ID: C231523856SPECIMEN TYPE: Fluoride Oxalate	5.5 mmol/L	
Examination	Plasma fasting glucose level Specimen Id: C231523856Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Biochemical test Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.511	
Examination	Basophil count, 0 SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0	
Examination	Acute kidney injury warning stage SPECIMEN ID: C231523856SPECIMEN TYPE: Blood		
Examination	Acute kidney injury warning stage Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Administration	Seen by community-based nurse (P3)		
Examination	Blood sample -> Biochem Lab		
Examination	Blood sample -> Haematol Lab		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C231523856SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C231523856SPECIMEN TYPE: Blood> 60		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	**Serum creatinine**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	65 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.25	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	174 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	31.7 pg	(Range: 27 - 32)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	341 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	93.1 fL	(Range: 85 - 105)

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Examination	**Monocyte count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.5	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	4.4	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	199	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	5 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	5.49	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	140 mmol/L	(Range: 133 - 146)
Examination	**Total white cell count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Total white cell count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	7.4	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Lymphocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	2.3	(Range: 1.5 - 4)
Examination	**Full blood count - FBC**Specimen Id: H231523856Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:: Full blood count - FBC Specimen Id: H231523856Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma fasting glucose level**SPECIMEN ID: C231523856SPECIMEN TYPE: Fluoride Oxalate: Plasma fasting glucose level SPECIMEN ID: C231523856SPECIMEN TYPE: Fluoride Oxalate	5.5 mmol/L	(Range: 3.3 - 5.8)
Examination	**Plasma fasting glucose level**Specimen Id: C231523856Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Plasma fasting glucose level Specimen Id: C231523856Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Biochemical test**Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:: Biochemical test Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Haematocrit SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.511	(Range: 0.4 - 0.52)
Examination	**Basophil count, 0**SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA: Basophil count, 0 SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood: Acute kidney injury warning stage SPECIMEN ID: C231523856SPECIMEN TYPE: Blood		(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Acute kidney injury warning stage Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Blood sample -> Biochem Lab**: Blood sample -> Biochem Lab		(No range available)
Examination	**Blood sample -> Haematol Lab**: Blood sample -> Haematol Lab		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood: GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C231523856SPECIMEN TYPE: Blood		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C231523856SPECIMEN TYPE: Blood> 60: GFR calculated abbreviated MDRD SPECIMEN ID: C231523856SPECIMEN TYPE: Blood> 60		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: GFR calculated abbreviated MDRD Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

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12-Dec-2023 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	with ***** - still no cause for diarrhoea and wt loss- had black stool day after saw me last but ***** says now v dark brown in colour. lost > 1 stone. no appetite.
Diagnosis (P3)	have added bloods to DM diagnostic bloods- to book fastiing blood tests. I will refer GI
Diagnosis (P3)	wit ***** Kerry - signing powrer of attorney form today.

07-Dec-2023 Dr Fatma Zaidan Surgery consultation

Diagnosis (P3)	fecal elastase 320 ug/g- normal (200-1000). - Fecal elastase has a specificity of 93 percent in patients with exocrine pancreatic insufficiency. (as per uptodate). Reassuring. Reports has had black stool last Tuesday that went on through to Thursday with explosive watery diahrrhea. Describes as pitch black. Not taking iron. Has not had a bowel motion until today since last friday and reports no more black stools. Advised should call us immediately next time has black stools. has an app on tuesday for assessment. Strong WAG given

28-Nov-2023 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	see recent re pancreas awaite stool result. he has loose stool x 1-2 per day - ongoinglike this for months. came today re back pain - L lower back is sore. no abdo / epigastric pain. sore to move or get on and off couch. in referral letter states x 8 per day bo but he says x 1-2 - v occais more .
Diagnosis (P3)	slore L lower back. abdo soft- not tender today., bs normal.
Diagnosis (P3)	onlyusing co-codamol 8/500 2 at night - takes edge off of back pain.
Diagnosis (P3)	Advised re sedation (don't drive if affected) & constipation.

21-Nov-2023 Miss Louise Kerrigan Surgery consultation

Diagnosis (P3)	I reprinted lable today .		
Examination	Blood sample -> Microbiol Lab <c>		
Examination	**Blood sample -> Microbiol Lab**<c>: Blood sample -> Microbiol Lab <c>		(No range available)

20-Nov-2023 Dr Fatma Zaidan Other

Examination	Faecal elastase 1 level SPECIMEN ID: C231467097SPECIMEN TYPE: Faeces	320 ug/g	
Examination	Faecal elastase 1 level Specimen Id: C231467097Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis (P3)	Phone call attempt with Robert @12:02 - VM and then again at 12:07. Answered. D/w Robert stool testing for pancreatic insufficiency as per gastro advice and happy to provide a sample. I have left the sample bottle at the front desk (d/w biochemistry re correct test tube - blue with a scoop, [test labels say white])		
Examination	**Faecal elastase 1 level**SPECIMEN ID: C231467097SPECIMEN TYPE: Faeces: Faecal elastase 1 level SPECIMEN ID: C231467097SPECIMEN TYPE: Faeces	320 ug/g	(Range: 200 - 1000)
Examination	**Faecal elastase 1 level**Specimen Id: C231467097Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Faecal elastase 1 level Specimen Id: C231467097Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

16-Nov-2023 Dr Fatma Zaidan Surgery consultation

Diagnosis (P3)	Phone call with Robert about CT results and re pancreatic atrophy. May be malabsorptive cause of diahrrhea, will d/w CS to consider supplementing with enzymes. Edit: D.w Dr. *****, will refer to GI for advice re pancreatic insufficiency.

10-Nov-2023 Dr Fatma Zaidan Surgery consultation

Diagnosis (P3)	CT results showing pancreatic atrophy, with background of pancreatitis, may be a malabsorptive cause of his diahrrhea.

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03-Nov-2023 Dr Georgina Heron Surgery consultation

Symptom (P3)	Multiple symptoms		
Diagnosis (P3)	Seen with *****. Asked Robert to come in for a catch up of various different ongoing symptoms/investigations. Seen recently for back/c-spine pain ongoing and headache + diarrhoea and weight loss symptoms. MRI spine is requested and on waiting list but not yet appointed. CT abdo requested by FZ and has been carried out but not reported yet - note has had recent normal colonoscopy. Has history of previous pancreatitis and gastroduodenal ulcers, has not been taking PPI since last year. Bloods have been done that are reassuring other than demonstrating high blood glucose, diabetic review + CV review requested. Referred to neurology who do not need to see Mr Beattie back re. seizures etc.		
Diagnosis (P3)	Discussion of things ongoing - 1) await scan for spine, reassured that bloods didn't indicate any type of infection or inflammatory process. 2) needs diabetic and CV nurse-led apt. 3) awaiting results of CT abdo - FZ will contact once results available. 4) no further neuro input required currently. 5) needs to take PPI as previous hx of ulcers - if having abdo pain and reduced appetite can be related to gastritis symptoms. If ongoing and no clues on CT abdo could arrange scopes. Robert happy with this.		

02-Nov-2023 Mrs Linda Fyall Surgery consultation

Diagnosis (P3)	appt made.		
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Friday 03/11/2023 at 09:30With: Dr ***** Heron.To cancel this appointment, contact the surgery on 01382 461588		
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Friday 03/11/2023 at 09:30With: Dr ***** Heron.To cancel this appointment, contact the surgery on 01382 461588		

30-Oct-2023 Dr Georgina Heron Surgery consultation

Intervention	EMISSPR400: Neurology referral (SCI Gateway Referral) *Advice. Sender: Dr ***** Heron; Reason: EMISSPR400: Neurology referral (SCI Gateway Referral)*		
Diagnosis (P3)	Note that previous urgent referral to neurology has been stuck in Sci-Gateway as a draft somehow and not sent on. Have re-sent today. Note has had further reviews since consultation and is still awaiting MRI (on waiting list).		
Diagnosis (P3)	EMISSPR400: Neurology referral (SCI Gateway Referral)		

23-Oct-2023 Dr Fatma Zaidan Surgery consultation

Examination	O/E - pulse rate, 82 beats/minute , Measure: 82, Measure Units: beats/minute	82 bpm	
Examination	O/E - blood pressure reading	145 / 82 mm Hg	
Symptom (P3)	Diarrhoea		
Diagnosis (P3)	5 months history of altered bowel motions, wt loss, poor appetite and LUQ pain. Had a colonscopy (27/09) - normal. Was told to come in today for f/u. Bloods unremarkable apart from blood sugars (due to get HbA1c). Symptoms ongoing, reports passing bowel motions up to 8 times a day and wakes him up 3-4 times during the night. Stools are yellow/brown, never bloody. No fevers, but reports has had long standing night sweats that had long preceded current symptoms. Not taking regular NSAIDS. His LUQ pain not associated with eating. Vomits infrequently, but had an episode today. Feels has lost at least 1 stone over the past 6 months unintentionally.		
Diagnosis (P3)	D/w Dr. *****. Further imaging to rule out pathology. CTCAP requested.		
Examination (P3)	O/E - blood pressure reading Looks well. T: 36.7 Abdo: Soft, midline laparotomy scar. Tenderness in LUQ and overlying left lower ribs and around to the back. Difficult to ascertain if any underlying masses as abdomen distended.		
Examination	Oxygen saturation at periphery 97 % <c>	97 %	
Examination	**Oxygen saturation at periphery 97 %**<c>: Oxygen saturation at periphery 97 % <c>	97 %	(No range available)

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12-Oct-2023 Dr Sonia Cooper Other

Intervention	In-house follow-up *(required hba1c). Sender: Dr ***** *****; Reason: In-house follow-up*
Diagnosis (P3)	raised fasting gluc- for hba1c pls.

11-Oct-2023 Mrs Helen Connelly Surgery consultation

Examination	Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	40 g/L
Examination	Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	40 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	99 U/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	99 U/L
Examination	Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.32 mmol/L
Examination	Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.32 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.31 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.31 mmol/L
Examination	Eosinophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0.17
Examination	Haemoglobin estimation SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	172 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	31.3 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	351 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	89.2 fL
Examination	Monocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0.5
Examination	Neutrophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	3.6
Examination	Platelet count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	225
Examination	Red blood cell (RBC) count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	5.5
Examination	Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	69 g/L
Examination	Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	69 g/L
Examination	Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	0.51 mU/L
Examination	Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	0.51 mU/L
Examination	Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Total white cell count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	6.8
Examination	Lymphocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	2.4
Examination	Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Full blood count - FBC Specimen Id: H231376271Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate	**6.6 mmol/L**
Examination	Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate	**6.6 mmol/L**
Examination	Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal	

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Examination	Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Plasma viscosity SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA Spun	1.7	
Examination	Plasma viscosity Specimen Id: H231376271Specimen Type: EDTA SpunNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	5 mg/L	
Examination	Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	5 mg/L	
Examination	Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Protein electrophoresis SPECIMEN ID: C231376271SPECIMEN TYPE: Blood		
Examination	Protein electrophoresis Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0.49	
Examination	Basophil count, 0 SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0	
Examination	Urine: Bence *****' protein SPECIMEN ID: C231376310SPECIMEN TYPE: Urine		
Examination	Urine: Bence *****' protein Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urine protein/creatinine ratio SPECIMEN ID: C231376310SPECIMEN TYPE: Urine	6 mg/mmol	
Examination	Urine protein/creatinine ratio SPECIMEN ID: C231376310SPECIMEN TYPE: Urine	6 mg/mmol	
Examination	Urine protein/creatinine ratio Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Urine protein/creatinine ratio Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Blood sample -> Biochem Lab <c>		
Examination	Blood sample -> Biochem Lab <c>		
Examination	Blood sample -> Haematol Lab <c>		
Examination	Blood sample -> Haematol Lab <c>		
Examination	**Serum albumin**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	40 g/L	(Range: 35 - 50)
Examination	**Serum albumin**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	40 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	99 U/L	(Range: 30 - 130)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	99 U/L	(Range: 30 - 130)
Examination	**Serum calcium**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.32 mmol/L	(Range: 2.1 - 2.55)
Examination	**Serum calcium**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.32 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.31 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood: Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	2.31 mmol/L	(Range: 2.1 - 2.55)
Examination	**Eosinophil count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0.17	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	172 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	31.3 pg	(Range: 27 - 32)

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Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	351 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Mean corpuscular volume (MCV) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	89.2 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	0.5	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	3.6	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	225	(Range: 150 - 400)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Red blood cell (RBC) count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	5.5	(Range: 4.5 - 6)
Examination	**Serum total protein**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:		
	Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	69 g/L	(Range: 60 - 80)
Examination	**Serum total protein**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:		
	Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	69 g/L	(Range: 60 - 80)
Examination	**Serum total protein**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum total protein**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum TSH level**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:		
	Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	0.51 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:		
	Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood	0.51 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Serum TSH level**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Total white cell count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Total white cell count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	6.8	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:		
	Lymphocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA	2.4	(Range: 1.5 - 4)
Examination	**Bone profile**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Bone profile**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Full blood count - FBC**Specimen Id: H231376271Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Full blood count - FBC Specimen Id: H231376271Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma fasting glucose level**SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**		
	Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate	**6.6 mmol/L**	**(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate: **Abnormal**		
	Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate	**6.6 mmol/L**	**(Range: 3.3 - 5.8)**
Examination	**Plasma fasting glucose level**Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

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Examination **Plasma fasting glucose level**Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**
Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

Examination **Plasma viscosity**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA Spun:
Plasma viscosity SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA Spun 1.7 (Range: 1.5 - 1.72)

Examination **Plasma viscosity**Specimen Id: H231376271Specimen Type: EDTA SpunNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma viscosity Specimen Id: H231376271Specimen Type: EDTA SpunNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Plasma C reactive protein**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:
Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 5 mg/L (No range available)

Examination **Plasma C reactive protein**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:
Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 5 mg/L (No range available)

Examination **Plasma C reactive protein**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Plasma C reactive protein**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Protein electrophoresis**SPECIMEN ID: C231376271SPECIMEN TYPE: Blood:
Protein electrophoresis SPECIMEN ID: C231376271SPECIMEN TYPE: Blood (No range available)

Examination **Protein electrophoresis**Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Protein electrophoresis Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Haematocrit**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:
Haematocrit SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0.49 (Range: 0.4 - 0.52)

Examination **Basophil count, 0**SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA:
Basophil count, 0 SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0 (No range available)

Examination **Urine: Bence *****' protein**SPECIMEN ID: C231376310SPECIMEN TYPE: Urine:
Urine: Bence *****' protein SPECIMEN ID: C231376310SPECIMEN TYPE: Urine (No range available)

Examination **Urine: Bence *****' protein**Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Urine: Bence *****' protein Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Urine protein/creatinine ratio**SPECIMEN ID: C231376310SPECIMEN TYPE: Urine:
Urine protein/creatinine ratio SPECIMEN ID: C231376310SPECIMEN TYPE: Urine 6 mg/mmol (No range available)

Examination **Urine protein/creatinine ratio**SPECIMEN ID: C231376310SPECIMEN TYPE: Urine:
Urine protein/creatinine ratio SPECIMEN ID: C231376310SPECIMEN TYPE: Urine 6 mg/mmol (No range available)

Examination **Urine protein/creatinine ratio**Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Urine protein/creatinine ratio Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Urine protein/creatinine ratio**Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::
Urine protein/creatinine ratio Specimen Id: C231376310Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

Examination **Blood sample -> Biochem Lab**<c>:
Blood sample -> Biochem Lab <c> (No range available)

Examination **Blood sample -> Biochem Lab**<c>:
Blood sample -> Biochem Lab <c> (No range available)

Examination **Blood sample -> Haematol Lab**<c>:
Blood sample -> Haematol Lab <c> (No range available)

Examination **Blood sample -> Haematol Lab**<c>:
Blood sample -> Haematol Lab <c> (No range available)

11-Oct-2023 Mrs Helen Connelly Surgery consultation

Examination Blood sample -> Biochem Lab <c>

Examination **Blood sample -> Biochem Lab**<c>:
Blood sample -> Biochem Lab <c> (No range available)

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10-Oct-2023 Dr Voice Connect Other

Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Wednesday 11/10/2023 at 09:00With: Mrs ***** *****.To cancel this appointment, contact the surgery on 01382 461588	

06-Oct-2023 Dr Rebecca Martin Other

Diagnosis (P3)	Dw GH- if blood results normal , await scan result and she will seek neurology advice at that stage	

04-Oct-2023 Mrs Valerie Dempster Telephone Consultation

Diagnosis (P3)	pt at desk 8am-said head feels it will burst-sore back.	
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Wednesday 11/10/2023 at 09:00With: Mrs ***** *****.To cancel this appointment, contact the surgery on 01382 461588	

04-Oct-2023 Dr Georgina Heron Surgery consultation

Examination	O/E - pulse rhythm regular	
Examination	O/E - pulse rate, 76 beats/minute , Measure: 76, Measure Units: beats/minute	76 bpm
Examination	O/E - blood pressure reading	130 / 80 mm Hg
Diagnosis (P3)	Cervicalgia - pain in neck	
Diagnosis (P3)	Tricky consultation, pt quite agitated and difficult historian. Saying he is at wits' end with "headache" and sore back which he has presented with frequently before. Was reviewed via AMU in June. Having sweats (noted in surgery) and CT head shows nil concerning. No evidence of temporal arteritis. Bloods have been done a couple of times recently with a few abnormal results - note raised CRP of 40 on last bloods and glucose 8 in AMU (nothing on notes about this and unsure if was fasted). Was supposed to have TFTs but hasn't had. Was told needed glasses a few years ago but didn't get them as couldn't afford them. Have strongly advised to get a optomotrist appt. and ask about help for glasses via universal credit.	
Diagnosis (P3)	Temp 36.9	
Diagnosis (P3)	SaO2 98 on air.	
Diagnosis (P3)	No focal neurological deficit. Cranial nerve exam NAD. *****. Point tenderness over C6, ?T11 and L5.	
Diagnosis (P3)	Given previous investigations showing some abnormalities and examination today, advised I will recheck some bloods (and try to get a full pannel as previous results a few months ago and "bitty"). Need to check for diabetes, look at thyroid and especially inflammatory markers and myeloma screen. Will try to arrange MRI of cervical spine and will write to neurology given that he has been under them for seizures, not taking any medication currently and needs something for neuropathic pain - may suggest something that can work for both indications. Will review following bloods. WAG.	
Examination (P3)	O/E - blood pressure reading	

04-Oct-2023 Dr Georgina Heron Surgery consultation

Diagnosis (P3)	Requests made via portal - have asked for a MRI cervical spine based on clinical info - can't request this directly but will also write to neuro re. this. "Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from GP. I actually think this is indicated as concerned about ? discitis given level of pain, agitation and previous abnormal results. I am going to write to neurology re. this as pt has been under their care for seizure disorders in the past and is unmedicated so will ask if they can refer for MRI cervical spine. However, if this could be added sooner based on clinical hx I would appreciate it"	

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28-Sept-2023 Dr Alison Gillan Other

Diagnosis (P3)	See SA comment - colonoscopy normal therefore needs routine FTF appt if symptoms ongoing

28-Sept-2023 Mrs Caroline McFarlane Other

Diagnosis (P3)	12.04hrs; spoke with patient as per AG entry below, symptoms still ongoing therefore gp appoint booked 23/10/23

19-Sept-2023 Dr Smaira Ali Surgery consultation

Diagnosis (P3)	bloods all ok apart from CRP 40 - called pt - 9.38 - spoke with Kerri - ***** - she has noticed not eating - loosing weight - and diarrhoea - thinks is all related to bowels has colonoscopy next week - if nil found will make review app with us - will need follow up - she understands - re AAA - has only been called for screening - no diagnosis.

18-Sept-2023 Miss Louise Kerrigan Surgery consultation

Diagnosis (P3)	Lables printed by Dr ***** .		
Examination	Blood sample -> Haematol Lab <c>		
Examination	Blood sample -> Biochem Lab <c>		
Examination	**Blood sample -> Haematol Lab**<c>: Blood sample -> Haematol Lab <c>		(No range available)
Examination	**Blood sample -> Biochem Lab**<c>: Blood sample -> Biochem Lab <c>		(No range available)

18-Sept-2023 Dr Smaira Ali Surgery consultation

Examination	O/E - pulse rate, 74 beats/minute , Measure: 74, Measure Units: beats/minute	74 bpm	
Examination	O/E - blood pressure reading	124 / 73 mm Hg	
Symptom (P3)	Feels unwell		
Diagnosis (P3)	fels generally unwell for last 3 weeks, has had diarrhoea - positive bowel screening - colonoscopy next week, also found to have a ??AAA - is getting followed up so has been stressed - very tired, sleeping a lot, ongoing back pain and generalised headaches and nausea. no vomiting, is loosing weght.		
Diagnosis (P3)	abdo snt - chest clear.		
Diagnosis (P3)	declines painkillers - feels nothing works, for bloods today and I will call with results, ***** kerri may answer phone - ok to talk to her, WAG.		
Examination (P3)	O/E - blood pressure reading well, but back sore - uncomfortable with this, NAD on exam - T 36.6,		
Examination	Oxygen saturation at periphery 97 % <c>	97 %	
Examination	**Oxygen saturation at periphery 97 %**<c>: Oxygen saturation at periphery 97 % <c>	97 %	(No range available)

18-Sept-2023 Miss Susan Mcgeoghie Other

Examination	Serum albumin SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	38 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	122 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	21 U/L
Examination	Serum total bilirubin level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	11 umol/L
Examination	Serum calcium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.14 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.16 mmol/L
Examination	Serum creatinine SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	68 umol/L
Examination	Eosinophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.26
Examination	Haemoglobin estimation SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	167 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	30.8 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	337 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	91.2 fL
Examination	Monocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.8
Examination	Neutrophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.2
Examination	Platelet count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	200

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Examination	Serum potassium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	5 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.41	
Examination	Serum sodium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	139 mmol/L	
Examination	Total white cell count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	8.3	
Examination	Lymphocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	2	
Examination	Bone profile Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Full blood count - FBC Specimen Id: H231324141Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Liver function test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Plasma C reactive protein SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	**40.6 mg/L**	
Examination	Plasma C reactive protein Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		
Examination	Biochemical test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	Haematocrit SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.494	
Examination	Basophil count, 0 SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0	
Examination	Acute kidney injury warning stage SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		
Examination	Acute kidney injury warning stage Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis (P3)	spoke to pt-has headaches and diarrohea,had this for a few weeks-appt made for today.		
Examination	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	> 60	
Examination	GFR calculated abbreviated MDRD adj for African Americ origin Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Examination	**Serum albumin**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum albumin SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum alkaline phosphatase SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	122 U/L	(Range: 30 - 130)
Examination	**Serum alanine aminotransferase level**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum alanine aminotransferase level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	21 U/L	(Range: 5 - 55)
Examination	**Serum total bilirubin level**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum total bilirubin level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	11 umol/L	(No range available)
Examination	**Serum calcium**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum calcium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.14 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Corrected serum calcium level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.16 mmol/L	(Range: 2.1 - 2.55)
Examination	**Serum creatinine**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum creatinine SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	68 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Eosinophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.26	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Haemoglobin estimation SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	167 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	30.8 pg	(Range: 27 - 32)

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Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	337 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Mean corpuscular volume (MCV) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	91.2 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Monocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.8	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Neutrophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.2	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Platelet count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	200	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum potassium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	5 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Red blood cell (RBC) count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.41	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Serum sodium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)
Examination	**Total white cell count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Total white cell count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	8.3	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Lymphocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	2	(Range: 1.5 - 4)
Examination	**Bone profile**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Bone profile Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Full blood count - FBC**Specimen Id: H231324141Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Full blood count - FBC Specimen Id: H231324141Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Liver function test**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Liver function test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood: **Abnormal**		
	Plasma C reactive protein SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	**40.6 mg/L**	**(No range available)**
Examination	**Plasma C reactive protein**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal: **Abnormal**		
	Plasma C reactive protein Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)
Examination	**Biochemical test**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Biochemical test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Haematocrit**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Haematocrit SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.494	(Range: 0.4 - 0.52)
Examination	**Basophil count, 0**SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA:		
	Basophil count, 0 SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0	(No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	Acute kidney injury warning stage SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::		
	Acute kidney injury warning stage Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ origin**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood:		
	GFR calculated abbreviated MDRD adj for African Americ origin SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C231324141SPECIMEN TYPE: Blood> 60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: C231324141SPECIMEN TYPE: Blood> 60		(No range available)

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Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

19-Jun-2023 Dr Rebecca Martin Other

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

15-Jun-2023 Dr Brindha Rangaraj Surgery consultation

Diagnosis (P1)	Cervicalgia - pain in neck
Diagnosis (P3)	Attended today for rv as planned- pain in his neck- for 3 weeks now- worse when moving around- recent admssion to AMU- was advised re occipital neuralgia- still has ongoing symptoms. on paracetamol, ibuprofen gel, aspirin- nothing helping with pain much. has OA in spine and AMU suggested physio rferral and also consideration of MRI C Spine if physio not beneficial. Has long standing OA in spine. no weakness/ numbness at present. no visual symptoms. no other new features.
Diagnosis (P3)	on exam today HR-80 BP- 123/80 *****+ alert neuro exam- intact. neck exam- no C spine tendernss. no swelling. no stiffness noted- normal movemtns not painful. nv intac.t Visual fieled normal.
Diagnosis (P3)	advised will write to physiotherapy as suggested - also offered analgesia- declined this- keen to continue on his current meds. meantime any worsening signs will seek urgent help.

14-Jun-2023 Dr Brindha Rangaraj Surgery consultation

Diagnosis (P3)	Spoke to patient 17:35- re letter from AMU- and advice on referral to physiotherapy- states still getting pains in the neck- no other features mentioned- given appt to review tomo pm and can then write to physio- he mentions that was advised to get blood tests at taybank- I do not see any note of this in the letter frm AMU- however advised can discuss this when he comes in.
Administration (P3)	SMS text message sent to patient 07923654468: An appointment has been booked for you at Taybank Medical CentreOn: Thursday 15/06/2023 at 14:30With: Dr Brindha Rangaraj.To cancel this appointment, contact the surgery on 01382 461588
Administration (P3)	SMS text message sent to patient 07923654468: Please remember to attend your appointment at Taybank Medical CentreOn:Thursday 15/06/2023 at 14:30With: Dr Brindha Rangaraj.To cancel this appointment, contact the surgery on 01382 461588

09-Jun-2023 Ms Sally Holden Other

Examination	Computerised tomograph scan CT head - no acute abnormality found	
Examination	**Computerised tomograph scan**CT head - no acute abnormality found:	
	Computerised tomograph scan CT head - no acute abnormality found	(No range available)

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08-Jun-2023 Dr Brindha Rangaraj Surgery consultation

Symptom (P3)	Headache
Diagnosis (P3)	New nset headache over last 2 weeks- started sudden and over last two weeks progressively worse- cannto sleep with headache- only had 2-3 hours sleep. also mentions vomitting for the first week and then later settled 4 days back. intermittent blurred vision as well. no trauma. no prev headache hx. no weakness/ numbness, describes headache started on top and occiptal area- feels the whole area as numb. no diurnal variation. not worse on moving head. no speech problems.
Diagnosis (P3)	on exam today GCS 15/15. well HR- 80 reg. Apyrexial/ BP- 128/80. *****+ Neuro motor 5/5 power tone nromal. reflexes normal. sesnations itnact. CN itnact. coordination normal. visual ***** normal.
Diagnosis (P3)	discussed with AMU- given appt at 13:00 pm for rv at ambulatory- advised not to drive- will req family member to take him.
Diagnosis (P1)	Neuralgia unspecified OCCIPITAL (LIKELY)

27-Mar-2023 Dr Fiona Bullions Surgery consultation

Administration	Scanned Document *Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: back pain; Duration: 27/03/2023 - 24/04/2023)*
Diagnosis (P3)	Low back pain
Diagnosis (P3)	complaining of severe lower left back paincan't remember the last time he worked, did various job as a labourer, taxi driver, barmandoesn't drive now.line given, advised to continue with topical rx
Diagnosis (P3)	antalgic gait, spine seems mobile while sittingOE no spinal tendernessextreme tenderness left lumbar region, nil on right. Reasonable flexibility in spine, however less able to move side to side than when seated.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 27-Mar-2023 - 27-Mar-2023)

07-Mar-2023 Mrs Valerie Dempster Telephone Consultation

Diagnosis (P3)	pt at desk for a line-has had benefit stopped as pt did not answer emails. pt will find out dates and ph us back-not sure if pt needs an appt for this.

16-Feb-2023 Mrs Pamela Reid Surgery consultation

Intervention	8H77.: Refer to physiotherapist (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	pt came into the desk with severe back pain - asking for f2f app - pls call mobile - pr

16-Feb-2023 Dr Sonia Cooper Telephone Consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	spoke to pt- he has had this Lt lower back pain for months now- not had physio for it. currently not taking analgesia as prev tabs haven;t helped. he finds the pain is there all the time. worse when bending over or if sitting for too long. he remians mobile
Diagnosis (P3)	imp- mechanical LBO- suggest he would def benefit from physio- I will refer FCP. meanwhile- try topical agents for pain, keep mobile.

29-Nov-2022 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	3-4 months hx of pain Lower back L side - moiving aacross towards R but not into buttock or leg. not sure how started. says taken variety of painkillers from friends and family and notheing helps - also had analgesia re shoulder pain - nothing helps that. doesn't want tot ry any of them again and declines physio absolutely.
Diagnosis (P3)	can try meloxicam with ppi and add paracet or codeine - fgiven list of other nsaid to avoid while on it - he needs to be cautious taking mix of things form other people.

01-Nov-2022 Ms Fiona Wood Other

Diagnosis (P1)	Full thickness rotator cuff tear (Right)

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03-Oct-2022 Dr Lesley Long Telephone Consultation

Diagnosis (P3)	Has a hx of full thickness tear of rotator cuff involving supraspinatus and subscapularis. Is awaiting ortho review. Not currewntly taking any pain relief. Doesn't wish any meds he has had before. Declines co-codamol, tramadol, naproxen, paracetamol, amitriptylline, creams. Says he will go and get something off the "dark web" Advised against that and asked what he is looking for. He just wants something to take the pain away. Patient then hung up on me saying this is a "waste of time".

03-Oct-2022 Mrs Valerie Dempster Telephone Consultation

Intervention (P3)	Patient requested treatment pt at desk-away now-pl ph mobile regarding sore shoulder-can't sleep for the pain.
Administration (P3)	Telephone encounter

30-Aug-2022 Dr Justin Price Surgery consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	2/12 history of atraumatic lower back ache. Left sided in origin. Looks to be in severe pain. Not taking any analgesia. When I asked him why Robert feels that none of this works. Robert would like to step up in the analgesia ladder. We have discussed this and I have told him that we can't just jump to the top rung and need to prescribe appropriately. Not keen on codeine or tramadol due to side effects although he feels like the codeine was more tolerable.
Diagnosis (P3)	Denies lower leg symptoms. Denies weakness. Denies incontinence.
Diagnosis (P3)	NO bony lumbar tenderness. Reduced ROM of the thoracolumbar spine. Gait affected with left sided guarding.
Diagnosis (P3)	Discussed starting paracetamol. Agreed. Discussed naproxen and omeprazole to protect his stomach. Agreed. Discussed trialling codeine. Not at this time but will consider if no improvement. Discussed Amitriptyline. Concerned by the effect it had on his *****. We will use a small dose and take earlier to avoid somnolence the next day. Discussed topicals. Will consider if no improvement.
Diagnosis (P3)	Agreed on referral to FPPT

09-Aug-2022 Dr Lesley Long Telephone Consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	Was vomiting with tramadol. Ongoing lowerback pains. Like a knife going through him. No fevers/urianry symptoms/bowel symptoms. Co-codamol didn't help. doesn't wish amitrip - he didn't like how his ***** was on them.
Diagnosis (P3)	Trial menthol cream

09-Aug-2022 Mrs Valerie Dempster Telephone Consultation

Intervention (P3)	Patient requested treatment pl ph pt on mobile regarding pain relief. tramadol is making pt vomit.
Administration (P3)	Telephone encounter

02-Aug-2022 Dr Lesley Long Telephone Consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	Ongoing lower back pains. Worse when bending over or moving. On left side. No fevers. No haematuria or urinary symptoms. No leg pains. No beter with naproxen. Tried co-codamol he had for previous. Not helping. Is seeing a physio later this month.
Diagnosis (P3)	Rx as below. Paracetamol. Wporsening advice.

02-Aug-2022 Mr Kevin Payne Telephone Consultation

Diagnosis (P3)	Please call mobile - requesting urgent call - worsening back pain - meds prescribed previously didn't help

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19-July-2022 Dr Lesley Long Surgery consultation

Diagnosis (P3)	Low back pain
Diagnosis (P3)	Lower back pains for the last 3-4 weeks. No injury. No exacerbating or relieving factors. no leg pains. No rash. No fevers. Feels well in self. Trying to walk around during the day. Has tried tiger balm, gels, tried paracetamol and ibuprofen.
Diagnosis (P3)	Trial naproxen, last renal function ok. Knows not to take ibuprofen and to stop if indigestion/heartburn. Worsening advice.

19-July-2022 Mrs Valerie Dempster Telephone Consultation

Intervention (P3)	Patient requested treatment pl ph pt on mobile regarding back pain-pt is looking for pain relief.
Administration (P3)	Telephone encounter

17-May-2022 Dr Smaira Ali Surgery consultation

Diagnosis (P3)	Shoulder pain
Diagnosis (P3)	see physio letter - no longer drinking alcohol, no dyspepsia symptoms, rx as below but with BD PPI - has tried co-codamol and not helped. WAG.
Diagnosis (P3)	Phone consultation in view of national coronavirus emergency situation.

17-May-2022 Dr Alison Gillan Telephone Consultation

Administration (P3)	Failed encounter - message left on answer machine 11.53 asking patient to call usback re: ensemble from physio re: pain relief

01-Apr-2022 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse WCC

30-Mar-2022 Mr Jamie Weir Surgery consultation

Diagnosis (P3)	NW ward 24 29/3/22. 7 day doxycycline course, codeine and paracetamol prn for pain.
Intervention (P3)	Post hospital dischrge med reconciliation with medical notes

30-Mar-2022 Dr Doc Man Other

Administration (P3)	Seen by community-based nurse WCC

26-Mar-2022 Mr Kevin Payne Other

Administration (P3)	No response to bowel cancer screening programme invitation Non-Responder

25-Mar-2022 Dr Smaira Ali Third Party Consultation

25-Mar-2022 Mrs Jayne Cameron Surgery consultation

Diagnosis (P3)	Dog bite
Diagnosis (P3)	sustained a dog bite to the pulp of his right thumb over 3 weeks ago, this remains tender and swollen despite 2 courses of metronidazole and doxycycline. Allergic to penicillin
Diagnosis (P3)	d/w plastics, Ninewells, to try to arrange an xray today and he is to attend the trauma clinic level 7 tomorrow. Phone call to xray, appt given for 1310 today. Patient agrees to attend.
Examination	Oxygen saturation at periphery 99 % temp 36.3 99 % <c>Pulse 87bpm. Thumb is tender and more swollen than last week, it feels soft and spongey,no tracking into his hand. He has a cold at the moment but otherwise well. He takes a daily LFT which is negative.
Examination	**Oxygen saturation at periphery 99 %**temp 36.3 <c>Pulse 87bpm. Thumb is tender and more swollen than last week, it feels soft and spongey,no tracking into his hand. He has a cold at the moment but otherwise well. He takes a daily LFT which is negative.: Oxygen saturation at periphery 99 % temp 36.3 99 % (No range available) <c>Pulse 87bpm. Thumb is tender and more swollen than last week, it feels soft and spongey,no tracking into his hand. He has a cold at the moment but otherwise well. He takes a daily LFT which is negative.

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17-Mar-2022 Mrs Lorraine Cunningham Surgery consultation

Diagnosis (P3)	Patient came to desk. Thumb was treated after dog bite. Lump on thump and still feeling tender.

17-Mar-2022 Mrs Jayne Cameron Surgery consultation

Diagnosis (P3)	Dog bite
Diagnosis (P3)	patient was seen on 3rd March after sustaining a dog bite, he completed the antibiotics but is concerned that his thumb remains painful
Diagnosis (P3)	He does not feel unwelll, temp 36. right thumb- swelling evident on pulp of thumb, this feels spongey to touch and tender, slightly warmer than rest of his hand, no tracking.
Diagnosis (P3)	seen b Dr Gillan, to have another week of antibiotics and return for review - appt given for 25th at 0830 - worsening advice given

03-Mar-2022 Mrs Lorraine Cunningham Surgery consultation

Diagnosis (P3)	Patient came to desk. Bite on thumb by dog. Has been cleaned and looked at but is now red and painful.

03-Mar-2022 Mrs Jayne Cameron Surgery consultation

Diagnosis (P3)	Dog bite		
Diagnosis (P3)	patient was bitten by his dog a few days ago whilst breaking up a dog fight- his ***** who is a nurse applied steristrips and cleaned the wound, he has attended today as he has increased pain and cellulitis. Allergic to penicillin		
Diagnosis (P3)	Rx issued for antibiotics with worsening advice		
Examination	Oxygen saturation at periphery 98 % temp 36.5 <c>Pulse 97bpm. Palpable cervical lymph nodes. Thumb on right hand has a wound on pulp of thumb, this is tender, redness in surrounding skin and some tracking into palm of hand.	98 %	
Examination	**Oxygen saturation at periphery 98 %**temp 36.5 <c>Pulse 97bpm. Palpable cervical lymph nodes. Thumb on right hand has a wound on pulp of thumb, this is tender, redness in surrounding skin and some tracking into palm of hand.: Oxygen saturation at periphery 98 % temp 36.5 <c>Pulse 97bpm. Palpable cervical lymph nodes. Thumb on right hand has a wound on pulp of thumb, this is tender, redness in surrounding skin and some tracking into palm of hand.	98 %	(No range available)

24-Dec-2021 Dr Wendy Taylor Other

Diagnosis (P3)	Qfit 21- colorectal referral sent off

23-Dec-2021 Mrs Valerie Dempster Telephone Consultation

Examination	Quantitative faecal immunochemical test SPECIMEN ID: C218952395SPECIMEN TYPE: Faeces	21	
Examination	Quantitative faecal immunochemical test Specimen Id: C218952395Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis (P3)	phd pt-rx will be sent to macfarlanes arb rd today-pt knows to hand in qfit.		
Examination	**Quantitative faecal immunochemical test**SPECIMEN ID: C218952395SPECIMEN TYPE: Faeces: Quantitative faecal immunochemical test SPECIMEN ID: C218952395SPECIMEN TYPE: Faeces	21	(No range available)
Examination	**Quantitative faecal immunochemical test**Specimen Id: C218952395Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Quantitative faecal immunochemical test Specimen Id: C218952395Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

23-Dec-2021 Mrs Helen Connelly Surgery consultation

Examination	Blood sample -> Biochem Lab <c> fit sample		
Examination	**Blood sample -> Biochem Lab**<c> fit sample: Blood sample -> Biochem Lab <c> fit sample		(No range available)

22-Dec-2021 Mrs Caroline McFarlane Telephone Consultation

Examination	Serum albumin SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	39 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	125 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	26 U/L

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Examination	Serum total bilirubin level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	12 umol/L
Examination	Serum calcium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	2.35 mmol/L
Examination	Corrected serum calcium level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	2.36 mmol/L
Examination	Serum creatinine SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	83 umol/L
Examination	Eosinophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.29
Examination	Haemoglobin estimation SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	171 g/L
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	31.6 pg
Examination	Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	349 g/L
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	90.5 fL
Examination	Monocyte count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.7
Examination	Neutrophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	4.1
Examination	Platelet count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	218
Examination	Serum potassium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	4.5 mmol/L
Examination	Red blood cell (RBC) count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	5.42
Examination	Serum sodium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	140 mmol/L
Examination	Serum TSH level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	0.59 mU/L
Examination	Serum TSH level Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Total white cell count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	7.6
Examination	Lymphocyte count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	2.5
Examination	Bone profile Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Full blood count - FBC Specimen Id: H218949331Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Liver function test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Plasma C reactive protein SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	7 mg/L
Examination	Plasma C reactive protein Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Biochemical test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	Haematocrit SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.49
Examination	Basophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.1
Examination	Acute kidney injury warning stage SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	
Examination	Acute kidney injury warning stage Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Intervention	8H5J.: Referral to colorectal surgeon (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)*	
Intervention (P3)	Patient requested treatment rua; pl cl re ongoing shoulder pain (no fcp appoints avail until further notice) in a lot of pain	
Administration (P3)	Telephone encounter	
Examination	GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: C218949331SPECIMEN TYPE: Blood> 60	
Examination	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	
Examination	GFR calculated abbreviated MDRD Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	

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Examination	**Serum albumin**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	39 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	125 U/L	(Range: 30 - 130)
Examination	**Serum alanine aminotransferase level**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum alanine aminotransferase level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	26 U/L	(Range: 5 - 55)
Examination	**Serum total bilirubin level**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	12 umol/L	(No range available)
Examination	**Serum calcium**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum calcium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	2.35 mmol/L	(Range: 2.1 - 2.55)
Examination	**Corrected serum calcium level**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Corrected serum calcium level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	2.36 mmol/L	(Range: 2.1 - 2.55)
Examination	**Serum creatinine**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	83 umol/L	(Range: 62 - 106)
Examination	**Eosinophil count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Eosinophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.29	(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Haemoglobin estimation SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	171 g/L	(Range: 130 - 180)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	31.6 pg	(Range: 27 - 32)
Examination	**Mean corpusc. Hb. conc. (MCHC)**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	349 g/L	(Range: 320 - 360)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Mean corpuscular volume (MCV) SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	90.5 fL	(Range: 85 - 105)
Examination	**Monocyte count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Monocyte count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	0.7	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Neutrophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	4.1	(Range: 2 - 7.5)
Examination	**Platelet count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Platelet count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	218	(Range: 150 - 400)
Examination	**Serum potassium**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	4.5 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Red blood cell (RBC) count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	5.42	(Range: 4.5 - 6)
Examination	**Serum sodium**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	140 mmol/L	(Range: 133 - 146)
Examination	**Serum TSH level**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Serum TSH level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	0.59 mU/L	(Range: 0.4 - 4)
Examination	**Serum TSH level**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Serum TSH level Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Total white cell count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Total white cell count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	7.6	(Range: 4 - 11)
Examination	**Lymphocyte count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA: Lymphocyte count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA	2.5	(Range: 1.5 - 4)
Examination	**Bone profile**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:: Bone profile Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Full blood count - FBC**Specimen Id: H218949331Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:: Full blood count - FBC Specimen Id: H218949331Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Liver function test**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:: Liver function test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)
Examination	**Plasma C reactive protein**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood: Plasma C reactive protein SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	7 mg/L	(No range available)

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Examination	**Plasma C reactive protein**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Plasma C reactive protein Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Biochemical test**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Biochemical test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**Haematocrit**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA:	
	Haematocrit SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 0.49	(Range: 0.4 - 0.52)
Examination	**Basophil count**SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA:	
	Basophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 0.1	(No range available)
Examination	**Acute kidney injury warning stage**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood:	
	Acute kidney injury warning stage SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	(No range available)
Examination	**Acute kidney injury warning stage**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	Acute kidney injury warning stage Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood:	
	GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C218949331SPECIMEN TYPE: Blood	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: C218949331SPECIMEN TYPE: Blood> 60:	
	GFR calculated abbreviated MDRD SPECIMEN ID: C218949331SPECIMEN TYPE: Blood> 60	(No range available)
Examination	**GFR calculated abbreviated MDRD adj for African Americ orign**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag::	
	GFR calculated abbreviated MDRD Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

22-Dec-2021 Dr Wendy Taylor Telephone Consultation

Diagnosis (P3)	says cocodamol made him sick - will have to go back on web as cant get anything for pain - I asked what he meant by that as as far as I can see this is first request for advice since given cocodamol. Also says low back pain and bowels moving more frequently - v vague historia - will see FTF.

22-Dec-2021 Dr Wendy Taylor Telephone Consultation

Symptom (P3)	Diarrhoea
Diagnosis (P3)	admission in feb 20 with diarrhoea - no sign GI bleed at that time. says last few months bowelsmoving more often and erratically. worse day was 2d ago when had bo x 7 in 2 hours- nil since. pale coloour stool.
Diagnosis (P3)	also empty feeling as if hungry - says central abdo.
Diagnosis (P3)	abdo and pr - nad
Diagnosis (P3)	large laparotomy scar- pancreatitis and DU.
Diagnosis (P3)	normal colour stool on glove.
Diagnosis (P3)	for bloods and QFIt and colorectal referral.
Diagnosis (P3)	Shoulder pain
Diagnosis (P3)	ongoing shoulder pain since seizxure - didn't tolerate cocodamol - says ok with DHC in past - so trial codydramol. encouraged ++ to try amitriptylien low dose as sleep v disturbed.
Diagnosis (P3)	seem sin situ. dec rom due to pain.
Diagnosis (P3)	has heard to day re physio appt letter through,.

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22-Dec-2021 Mrs Helen Connelly Surgery consultation

Examination	Blood sample -> Biochem Lab <c>		
Examination	Blood sample -> Haematol Lab <c>		
Examination	**Blood sample -> Biochem Lab**<c>:		
	Blood sample -> Biochem Lab <c>		(No range available)
Examination	**Blood sample -> Haematol Lab**<c>:		
	Blood sample -> Haematol Lab <c>		(No range available)

22-Dec-2021 Dr Wendy Taylor Other

Diagnosis (P3)	referral colorectal parked in RMs pending Qfit results- bloods normal on ice. I noted I didn't issue the ppi I intended too for his hungry feeling/ discomfort - will print and issue and ask reception to call him in am to organise for him to have this - left at reception. his mobile went to answer phone tonight 1852

07-Dec-2021 Dr Wendy Taylor Other

Diagnosis (P3)	issue rx
Administration (P3)	PEM sent off McFarlanes - AF

06-Dec-2021 Miss Lynn Sievwright Other

Administration (P3)	Telephone encounter		
Intervention (P3)	Medication requested request for levetiracetam 750, last issued 1.11.21, to go to mcfarlanes arb road		
Examination	Sample obtained <c>	0	
Examination	**Sample obtained**<c>:		
	Sample obtained <c>	0	(No range available)

08-Nov-2021 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	Shoulder pain
Diagnosis (P3)	see A+E sheet and xray R shoulder 16th july. following fall against counter during seizure, still v sore ant aspect- and limited rom. - he not sleeping.
Diagnosis (P3)	dec rom - markedy reduced. tender over AC joint area. no deformity.
Diagnosis (P3)	offered amitript he adamant re wont take " saw state ***** was in with them". accpets cocodamol. has been referred physio.
Diagnosis (P3)	Advised not to take Paracetamol with this medication
Diagnosis (P3)	Advised re sedation (don't drive if affected) & constipation.

02-Nov-2021 Dr Smaira Ali Surgery consultation

Diagnosis (P3)	Note ailsa comment below re arm pain - routine app any gp - please inform pt.

01-Nov-2021 Mrs Caroline McFarlane Other

Diagnosis (P3)	came to desk asking for levetiracetam 250mg, pl send rx mcfarlane ar rd - routine
Administration (P3)	PEM sent off macfarlanes-ll

01-Nov-2021 Dr Smaira Ali Other

Diagnosis (P3)	passed to pharmacy team - can we please call and review how he is managing titration before issuing rx - thanks.

01-Nov-2021 Miss Ailsa McEwen Surgery consultation

Diagnosis (P3)	Following up increase in levetiracetam dose tried to call patient on mobile no reply 11.30 will call again this afternoon should now be on 2x250mg twice a day will need to increase to 3 morning and 2 at night then 3 twice a day then can switch to a 750mg tablet ongoing
Administration (P3)	Telephone encounter

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01-Nov-2021 Miss Ailsa McEwen Surgery consultation

Diagnosis (P3)	spoke to patient confirmed now on 500mg bd and managing well no s/e, will increase again aware of plan to send rx to mcfarlanes on arbroath road - also requesting sleeping tablet - pain in arm from fall stopping patient from sleeping discussed use of ibuprofen gel and paracetamol to help with pain - has been getting some benefit but still struggling at night to discuss with GP		

18-Oct-2021 Mrs Caroline McFarlane Telephone Consultation

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*		
Intervention (P3)	Patient requested treatment rua; appoint collapse 7 weeks ago (initially phoned 08.32 irate unable to get routine gp appoint as fully booked, hung up phone stating 'eh'd be as well comitting suicide, I clled him bk)		
Administration (P3)	Telephone encounter		
Examination	Sample obtained <c>	0	
Examination	**Sample obtained**<c>: Sample obtained <c>	0	(No range available)

18-Oct-2021 Dr Sonia Cooper Surgery consultation

Examination	O/E - pulse rhythm regular		
Examination	O/E - pulse rate, 93 beats/minute , Measure: 93, Measure Units: beats/minute	93 bpm	
Examination	O/E - blood pressure reading	129 / 80 mm Hg	
Diagnosis (P3)	Shoulder pain		
Diagnosis (P3)	[D]Chest tightness		
Diagnosis (P3)	pt says he has been having these episodes coming & going lately- he had this central chest pains just prior to his sezure 6-7 weeks ago when he ended up in the medical adm ward. then he had the chest pains come on again whilst in the waiting room today as was late being called in. he gets a bit sweaty with it- denies nausea. denies onset with exertion and it doesn;t settle with rest- instead- it goes away after about an hr. no nausea/SOB- though he does feel he gets a bit panicy with shallow breathing when it comes on.		
Diagnosis (P3)	I see he had his troponin checked whilst on the ward in August and they weren't raised. I think this is likely more of an anxiety driven chest pain- suggest try propranolol and if this helps can continue- if not to phone us back.		
Diagnosis (P3)	pt v upset re having phoned 113 times today to get through- he had a collapse- seziure at a shop 7weeks ago- he fell onto the shop counter on his Rt shoulder. ever since it has been v sore- he has attended accupunctire as he feels otc pain meds don't help- he isn;t taking any analgesia now. he had similar problem with his Lt shoudler in past which settled after a steroid inj from physio.		
Diagnosis (P3)	pain on palpation at front of shoulder into deltoid from AC joint line. also difficutly with full abduction, int & ext rotation due to pain. can forward flex easily.		
Diagnosis (P3)	imp- rotator cuff inury- adv will need physio. also aim for rest when can- he doesn't work. issued nsaid gel for prn pain		
Diagnosis (P3)	[D]Seizure NOS		
Diagnosis (P3)	epilepsy nurse has started levetiracetam with a view to f/u in 4m time. he just started these 2w ago so is still titrating up- he will phone us when he needs a new px which will be for 750mg bd. so far tolerating well with just a bit of dizziness. no further seizure activity		
Examination (P3)	O/E - BP reading chest clear. hs pure.reg. o2sats 99%air, temp 36.4		
Symptom	Ex-very heavy smoker (40+/day) 23yrs ago of 100cpd.	0 / / cigarettes / cigars / tobacco	
Symptom	Stopped drinking alcohol 1 yr ago after a year of v heavy drinking.	units per week	

06-Oct-2021 Dr Deputy Locum Surgery consultation

Administration (P3)	Failed encounter		
Diagnosis (P3)	A ***** Locum GP. NR, ringing to VM. Note phone consult on 4th re Keppra - wonder if related to this.		

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06-Oct-2021 Dr Deputy Locum Surgery consultation

Administration Failed encounter
(P3)
Diagnosis A ***** Locum GP - tried again at end of surgery - still NR.
(P3)

04-Oct-2021 Mrs Audrey Fleming Surgery consultation

Intervention Patient requested treatment When had last seizure, hit
(P3) desk/table hurt shoulder/arm + back. Have tried over the counter meds, accupuncture but nothiong helping
Administration Telephone encounter
(P3)
Administration PEM sent off McFarlanes - AF
(P3)

04-Oct-2021 Miss Ailsa McEwen Surgery consultation

Intervention Referral to pharmacist . *Sender: Miss Ailsa McEwen; Reason: Referral to pharmacist*
Diagnosis Tried to call patient back letter in Docman from Neurology
(P3) to start levetiracetam starting 250mg daily increasing dose by 250mg every week until on 750mg twice a day. spoke to patient counselled on meds aware of s/e will call back if any issues. Rx for initial 4 weeks to go to mcfarlanes arbroath rd
Administration Telephone encounter
(P3)

20-July-2021 Ms Carolyn Fitzpatrick Surgery consultation

Intervention Discharged from hospital . *Sender: Ms Carolyn Fitzpatrick; Reason: Discharged from hospital*
Diagnosis IDL from NW (AMU) - dated 17/07/21. IDL stopped (as pt
(P3) not taking) - thiamine & multivits & minerals
Intervention Medication reconciliation
(P3)

19-July-2021 Dr Alison Gillan Telephone Consultation

Diagnosis [D]Seizure NOS
(P3)
Diagnosis 09.10 collapsed on friday - taken to NW. Was in shop and
(P3) felt a funny feeling come over him. doesn't remember anything else until he woke up in hospital. ***** saw him collapse and reports unconscious for 20mins with full body shaking. woke up glazed, confused, nasueated and vomited x 1. 1 prev ? alcohol related seizure last year. seen in neurology clinic specialist nurse jan 2020. Prev seen in epilepsy clinic 2014-2016 but letters state they didn't think epilepsy although was due sleep studies - DNA on multiple occasions.
Diagnosis no alcohol for 1 year - he told ED docs 6 months
(P3)
Diagnosis doesn't drive, advised not to swim or ***** heights. I see
(P3) AMU have copied theiur letter to neurology. Patient feeling well today. no further action needed, await neurology input

19-July-2021 Mrs Linda Fyall Surgery consultation

Intervention Patient requested treatment Please call collapsed on
(P3) Friday, checked over in hospital was asked to speak to gp today.
Administration Telephone encounter
(P3)
Administration Message given to patient to call back if not contact from
(P3) us in next 2 hours

14-Jun-2021 Dr Voice Connect Other

Administration SMS text message sent to patient 07923654468: Our
(P3) records show you have not yet had a covid vaccine. If you wish have this vaccine, please contact the surgery and we can refer you on to the local vaccination team. Thank you, Taybank MC Tel: 461588

10-May-2021 Dr Doc Man Other

Administration Seen in hospital casualty
(P3)

25-Feb-2021 Dr Smaira Ali Surgery consultation

Diagnosis see comment on discharge letter re stool samples, called
(P3) pt, he has not handed in as all his symptoms have settled and he feels well - no further action required.

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08-Feb-2021 Dr Smaira Ali Surgery consultation

Examination	O/E - pulse rate, 103 beats/minute , Measure: 103, Measure Units: beats/minute	103 bpm	
Examination	O/E - blood pressure reading	123 / 77 mm Hg	
Diagnosis (P3)	? upper GI bleed		
Diagnosis (P3)	4 weeks passing jet black stool up to 5 times a day - last 2 days vomiting with black bits and now starting to feel dizzy when standing and SOB. no COVID symptoms and has a negative test last week as was close contact ??		
Diagnosis (P3)	RR20 - sats unable to get readinbg due to cold fingers.		
Diagnosis (P3)	abdo snt, PR - empty rectum no evidence of melena.		
Diagnosis (P3)	d/w medics oncall - will kindly see on AMU - many thanks.		
Examination (P3)	O/E - blood pressure reading looks well, T 36.4,		

08-Feb-2021 Dr Smaira Ali Telephone Consultation

Diagnosis (P3)	8.48 - 4 weeks ago - black stools - have remained like this for 4 weeks, vomiting over the weekend and dizzy on standing - FTF 9.45am.	

08-Feb-2021 Mrs Caroline McFarlane Telephone Consultation

Intervention (P3)	Patient requested treatment rua; pl cll for 2 weeks stools dark and blk and this past weekend unable to keep anything down	
Administration (P3)	Telephone encounter 07923 654 468	
Administration (P3)	Message given to patient to call back if not contact from us in next 2 hours	

07-Jan-2021 Dr Pascal Scanlan Other

Diagnosis (P3)	normal angiography and neurology letter jan 2020 says meds not reommended.	

11-Dec-2020 Ms Fiona Wood Third Party Consultation

Diagnosis (P3)	msg re emis entry 4/12/20 has been received by PS.	

04-Dec-2020 Ms Fiona Wood Third Party Consultation

Diagnosis (P3)	Pt was in for flu vac yesterday I noted diagnosis of epilepsy,but that he hasn't been taking any meds. Pt himself said he'd not been issued with any. Looking at docman today (not available yesterday during flu clinic), letter dated 16/6/20 states consider restarting antiepileptic medication. Also noted that diagnosis angina in letter of 12/6/20 hasn't been coded. Msg to PS re both queries.	

03-Dec-2020 Ms Fiona Wood Surgery consultation

Diagnosis	Consent given for seasonal influenza vaccination , Measure: 0	
Administration (P3)	Pre and post immunisation advice	
Diagnosis (P3)	appears to be on rpt thiamine but has not requested it from us, is on rpts, advised to request. Also wonders why he doesn't get his epilim any more.	
Administration (P3)	PEM sent off MACFARLANES ARBROATH RD/SM	
Intervention	Seasonal influenza vaccination *Fluarix Tetra Quadrivalent inactivated QIVe flu vac Batch No: AFLBA523AA - Exp 08-2021 L deltoid IM*	

03-Dec-2020 Mrs Valerie Dempster Telephone Consultation

Administration (P3)	Telephone encounter 07923 654 468		
Intervention (P3)	Medication requested pt in seeing ***** today-was asking about thiamine-on rpts but not had since april 2020. (I issued rx today) pt said there is always a problem getting them from us but they are on rpt now. pt said he has been taking other peoples thiamine . I will give rx issued today to *****. macfarlanes arbroath rd.		
Examination	Sample obtained <c>	0	
Examination	**Sample obtained**<c>: Sample obtained <c>	0	(No range available)

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16-Oct-2020 Miss Tracey Doogan Other

Diagnosis (P1) [X]Coronavirus infection, unspecified

13-July-2020 Dr Pascal Scanlan Other

Diagnosis (P3) not requested Epilim since Oct last year, moved to acute
Intervention Medication review

19-Jun-2020 Ms Carolyn Fitzpatrick Surgery consultation

Intervention Discharged from hospital . *Sender: Ms Carolyn Fitzpatrick; Reason: Discharged from hospital*
Diagnosis (P3) IDL from NW (AMU). IDL started - thiamine, for review
Diagnosis (P3) Thiamine Hydrochloride Tablets 100 mg 168 tablet TAKE ONE TABLET THREE TIMES A DAY
Intervention Medication reconciliation
(P3)

18-Jun-2020 Mrs Sorrel Abbott Surgery consultation

Diagnosis (P3) OOH chest pain.
Diagnosis (P3) for 6 months thiamine and then review whether still necessary. currently abstaining from alcohol.

16-Jun-2020 Dr Smaira Ali Surgery consultation

Diagnosis (P3) 8.58 - left sided chest pain - sounds in pain ++ - feels SOB with it, not easing - possible cardiac pain - advised to call 999.
Diagnosis (P3) Phone consultation in view of national coronavirus emergency situation.

16-Jun-2020 Mrs Valerie Dempster Telephone Consultation

Intervention (P3) Patient requested treatment pl ph re chest pain since lastnight-left side.
Administration (P3) Telephone encounter 07923 654 468

16-Jun-2020 Dr Smaira Ali Telephone Consultation

Diagnosis (P3) 9.35 - spoke with paramedic in pain when they arrived, settled a bit, left sided pain, obs and ECG normal - still needs troponnin checked, they will take to A+E.

01-Jun-2020 Dr Pascal Scanlan Telephone Consultation

Diagnosis (P3) stopped drinking, suddenly 10 days ago, had seizure 29/5/20, admitted overnight, home on prednisolone and diazepam, breating okay now, not clear if he is to get further meds, from us. No letter yet, he will phone alcohol services, (under their care).

01-Jun-2020 Mrs Valerie Dempster Telephone Consultation

Intervention (P3) Patient requested treatment pl ph re-pt had a seizure on friday-has been in hospital-requires medication for alcohol withdrawal or will keep having seizures.
Administration (P3) Telephone encounter 07923 654 468

29-May-2020 Ms Fiona Wood Other

Intervention Patient Advised to inform DVLA
Diagnosis Advice to GP to re-start patient medication ANTI-EPILEPTIC MEDICATION
Diagnosis (P1) Alcohol withdrawal syndrome
Diagnosis (P1) [D]Seizure NOS SEIZURE WHILST DRIVING
Diagnosis (P1) Uvulitis

23-Apr-2020 Dr Graham Summers Other

Diagnosis (P3) Alcohol dependence syndrome
Diagnosis (P3) Alcohol clinic recommends Rx. Had this Rx before.
Administration (P3) PEM sent off ramsay lc

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14-Jan-2020 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	Respiratory tract infection
Diagnosis (P3)	3w of cough not getting phelgm up but almost sick with cough. sore throat now too. and sl soboe.
Diagnosis (P3)	t- 36 p= 89 #o2 sat 97. pharyngitis. harsh cough. but chest clear.
Diagnosis (P3)	course antibitoics allergic penicillin,

14-Jan-2020 Mrs Linda Fyall Telephone Consultation

Intervention (P3)	Patient requested treatment Please call has throat inf and bad cough for sometime.
Administration (P3)	Telephone encounter 07928 012 363
Administration (P3)	Message given to patient to call back if not contact from us in next 2 hours

14-Jan-2020 Dr Wendy Taylor Telephone Consultation

Diagnosis (P3)	unclear hx over phone ?? 3w cough now sore throat. coughing +++ - appt given

28-Oct-2019 Dr Pascal Scanlan Other

Diagnosis (P3)	poor compliance and no definate dx so stay off epilim

21-Oct-2019 Miss Ailsa McEwen Surgery consultation

Diagnosis (P3)	Discussed with Sorrel - non compliance prior to stopping epilim - called pharmacy and confirmed patient had collected all of last rx and appeared on time for his dispense weekly. To double check as had 2 weeks off no diagnosis of epilepsy and being followed up by neurology in January if Dr Scanlan wants to continue. If to continue would be reasonable to restart at one a day for one week and increase to twice a day thereafter. Will discuss with Dr Scanlan
Administration (P3)	Follow-up consultation

18-Oct-2019 Miss Ailsa McEwen Other

Intervention	Referral to pharmacist . *Sender: Miss Ailsa McEwen; Reason: Referral to pharmacist*
Diagnosis (P3)	Has stopped epilim chrono as below, may need to retitrate to previous dose has been refered back to neurology for follow up as previously failed to attend. Not clear on diagnosis of epilepsy from previous notes see letter 11/02/14

15-Oct-2019 Dr Pascal Scanlan Surgery consultation

Diagnosis (P3)	Alcohol dependence syndrome
Diagnosis (P3)	seen with ***** Kerry, initaillay was about anger management but is due to heavy alcohol use for many years, has at least 10 bottles of beer a night,
Diagnosis (P3)	he initially said his temper wasn't an issue for him but after discussion agrred the alcohol is an issue
Diagnosis (P3)	given leaflet for drop in centres. he has been off epilim at least 2 weeks and used it poorly prior to this last issued 1/12 supply 5/7/19. I will d/w our pharmicist

22-Aug-2019 Dr Alison Gillan Surgery consultation

Diagnosis (P3)	requesting DHC for fore left shoudler - declined. Not had since June. Can try cocodamol prn instead. tells me been getting DHC from friends -advised against taking anyone else's medication. had stockpile of citalopram so hasn't run out - given.

05-July-2019 Dr Pascal Scanlan Surgery consultation

Diagnosis (P3)	[D]Epistaxis
Diagnosis (P3)	3-4 nose bleeds rt nostril , from distal nose,
Diagnosis (P3)	clot on rt Littles area
Diagnosis (P3)	reassured and education
Intervention	Medication review

THIRD PARTY COPY

17-Jun-2019 Dr Deputy Locum Surgery consultation

Diagnosis (P3)	req further Rx for DHC , was on rpt in Taycourt, also citalopram. Noted previous entries- explained to him generally the aim is to reduce prescibing of DHC , he says he's been on it 40 years ... Gave Rx but will dw colleagues, not added to rpt.Also says sore thrat started this morning sore to swallow- oe pharynx normal no cerv glands palpable- poss early urti, worsening advice. Smacp

13-Jun-2019 Dr Pascal Scanlan Other

Intervention	EMISSPR400: Neurology referral (SCI Gateway Referral) *Out Patient. Sender: Dr Pascal Scanlan; Reason: EMISSPR400: Neurology referral (SCI Gateway Referral)*

12-Jun-2019 Mrs Valerie Dempster Other

Diagnosis	BCSP faecal occult blood test normal SPECIMEN ID: SPECIMEN TYPE: Negative
Diagnosis	Bowel Cancer Screening Result Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:
Diagnosis	**BCSP faecal occult blood test normal**SPECIMEN ID: SPECIMEN TYPE: Negative: BCSP faecal occult blood test normal SPECIMEN ID: (No range available) SPECIMEN TYPE: Negative
Diagnosis	**Bowel Cancer Screening Result**Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:: Bowel Cancer Screening Result Specimen Id: Specimen (No range available) Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:

05-Jun-2019 Miss Lynn Sievwright Other

Diagnosis	Adverse reaction to Penicillins *[Drug selected on basis of ***** Code from previous system]*
Diagnosis	Adverse reaction to Penicillins [Drug selected on basis of ***** Code from previous system]

31-May-2019 Mrs Lesley Laing Surgery consultation

Diagnosis (P3)	RAMSAY CHEMIST CALLED RE DHC SCRIPT - I HAVE SPOKEN TO DR SCANLAN - 28 TO BE ISSUED BUT NOT DISPENSE WEEKLY - CHEMIST INFORMED
Administration (P3)	PEM sent off RAMSAY-LL

29-May-2019 Dr Pascal Scanlan Surgery consultation

Diagnosis (P3)	he is looking for meds he was on before listed DHC,epilim, gabapentin, citalopram, been getting them from relatives/friends or internet since his "fallout" with Dr *****

23-May-2019 Dr Alison Gillan Surgery consultation

Diagnosis (P3)	Seborrhoeic wart
Diagnosis (P3)	left side of back inferior to shoulder blade. Typical lesion 12mm length x 7-8mm. smooth outline, no bleeding, symmetrical
Diagnosis (P3)	discussions re: monitoring skin lesion and will take photos and self monitor
Diagnosis (P3)	also requesting antidepressant and DHC, not had since dec - will make routine appt to discuss

22-May-2019 Mrs Valerie Dempster Telephone Consultation

Intervention (P3)	Patient requested treatment pl ph-is worried about a mole. looking for appt today.
Administration (P3)	Telephone encounter 07928 012 363

22-May-2019 Dr Pascal Scanlan Telephone Consultation

Diagnosis (P3)	lesion on back, ***** says its getting bigger, appt given for tomorrow

THIRD PARTY COPY

25-Feb-2019 Dr Wendy Taylor Surgery consultation

Diagnosis (P3)	came in to ask if I had records from previous surgery yet. he keen to have renewed repeat for " pregabalin dhc and everything else im on".
Diagnosis (P3)	notes reviewed- last scripts were issued sept 18 - when asked what he been taking recently - he said as near to own dose as possible as having to buy them. dw re I want to review his pain " fiburpmyalgia and pancreatitis" and see what he using for what and when and also reasssess how it affecting him to ensure he needs all these items. Also reluctant to add to the supply of medication avaialbel to others via prescription items so is matter of safety. he didn't want to discuss and stormed out saying we were a useless practice and to " forget it"

30-Jan-2019 Mrs Mary Summers Other

Administration (P3)	Notes summary on computer AND DOCMAN

31-Dec-2018 Dr Wendy Taylor Surgery consultation

Symptom (P3)	Cough
Diagnosis (P3)	1 w cough and flu like symptoms. some phlegm now.
Diagnosis (P3)	t= 36.7
Diagnosis (P3)	hr 80 coarse bs throughout nil focal.
Diagnosis (P3)	for course anitbitoics.
Diagnosis (P3)	allergic penicillin,
Diagnosis (P3)	Shoulder pain
Diagnosis (P3)	asking whynot getting pregabalin or dhc - last issued frm prev surgery 14 sept. - asked him re why taking- arthritis spine and prev L frozen shoulder. says been getting supply from relatives and has inc amount he taking to 6-8 dhc per day. vague re pregabalin,
Diagnosis (P3)	dw re not had regular supply and shouldt obtain from relatives. trial codydramol but cautionj re paracet.
Diagnosis (P3)	Advised not to take Paracetamol with this medication

13-Dec-2018 Dr Alison Gillan Surgery consultation

Diagnosis (P3)	medications issued on weekly dispense as theyw ere at ~Taycourt. Not had pregabalin or dihydrocodeine for over 2 months now so needs to come in to discuss whether these are needed. No mention of pain when seen on Tuesday and did not seem in pain. Citalopram was at 40mg but stopped abruptly so reintroduce at 20mg, did mention mood felt a bit flat and keen to restart

11-Dec-2018 Dr Alison Gillan Surgery consultation

Diagnosis (P3)	moved here from tayvourt. tells me "kicked off list" 8 weeks ago. Looks like moved out of catchment. multiple problems and no meds for last 6 weeks as told couldn't get more from Taycourt. Asked for repeat slip - thinks has handed it into another practice but unsure where. No idea what regular meds are other than gabapentin.
Diagnosis (P3)	I will ask admin team to phone taycourt for list of repeats and any recent acutes. I can phone patietn back on thu. currently has no meds and been without for 6 wks, no specific complaints today

THIRD PARTY COPY

11-Dec-2018 Miss Louise Kerrigan Surgery consultation

Diagnosis	Lifestyle counselling	
Symptom	Enjoys light exercise	
Diagnosis	New patient health check	
Symptom	No FH: Ischaemic heart disease	
Symptom	FH: Diabetes mellitus in first degree relative	
Examination	O/E - blood pressure reading Enquired re drug allergies -	147 / 87 mm Hg
Examination	Fast alcohol screening test, 0 , Measure: 0	
Symptom	H/O: penicillin allergy *[Drug selected on basis of ***** Code from previous system]*	
Symptom (P3)	PMH - past medical history Fibromyalgia, pancreaitits , L frozen shoulder, is attending private physion RTA march 2018, Arthritis, stomach ulcers on pain killers .	
Diagnosis (P3)	Previously registered in Taycourt moved out of catchement area, RTA march 2018, frozen shoulder, is on pain killers etc.. has a list on his notes , otherwise well, FH ***** and ***** diabeties, ex smoker 20 = years ago , not much alcohol now allergic to penicillin, is unemployed now. PMH see above.	
Administration (P3)	Alcohol misuse - enhanced services administration	
Examination (P3)	Body Mass Index, 29.68 , Measure: 29.68	
Symptom	Ex smoker	0 / / cigarettes / cigars / tobacco
Symptom	Alcohol intake within recommended sensible limits	units per week
Symptom	Alcohol consumption, 0 units/week , Measure: 0, Measure Units: units/week	0 units per week
Administration	White Scottish	
Administration	Scottish - ethnic category 2001 census	
Examination	O/E - weight, 93 Kg , Measure: 93, Measure Units: Kg	93 Kg
Examination	Body Mass Index , Measure: 93, Measure Units: Kg	29.68
Examination	O/E - height, 177 cm , Measure: 177, Measure Units: cm	1.77 m
Symptom	H/O: penicillin allergy [Drug selected on basis of ***** Code from previous system]	

11-Dec-2018 Mrs Audrey Fleming Other

Diagnosis (P3)	Taycourt surgery to fax us summary sheet forpt	

11-Dec-2018 Mrs Audrey Fleming Surgery consultation

Diagnosis (P3)	Summary received from Taycourt, scanned into Docman	

02-Nov-2018 Mrs Mary Summers Other

Diagnosis (P1)	Adhesive capsulitis of the shoulder LEFT	

19-July-2018 Mrs Mary Summers Other

Symptom (P1)	Anxiousness	

14-Sept-2017 Mrs Mary Summers Other

Diagnosis (P1)	Gastritis unspecified	

04-Mar-2015 Mrs Mary Summers Other

Intervention	Electroencephalography NON TYPICAL EVENT	
Intervention	**Electroencephalography** NON TYPICAL EVENT: Electroencephalography NON TYPICAL EVENT	(No range available)

23-Jun-2014 Mrs Mary Summers Other

Examination	EEG normal	
Examination	**EEG normal**: EEG normal	(No range available)

24-Jan-2014 Mrs Mary Summers Other

Diagnosis (P1)	Temporomandibular joint disorders	

04-Sept-2013 Mrs Mary Summers Other

Symptom (P3)	Had a fit	

THIRD PARTY COPY

08-Mar-2013 Mrs Mary Summers Other

Symptom (P1) Depressed mood

10-Jan-2013 Mrs Mary Summers Other

Diagnosis (P1) Cervicalgia - pain in neck

25-Jan-2008 Mrs Mary Summers Other

Diagnosis (P1) Impotence

02-Oct-2007 Mrs Mary Summers Other

Diagnosis [D]Insomnia NOS

26-Sept-2007 Mrs Mary Summers Other

Diagnosis (P1) [D]Musculoskeletal chest pain

25-Nov-2006 Mrs Mary Summers Other

Diagnosis (P1) Corneal ulcer

19-July-2005 Mrs Mary Summers Other

Diagnosis (P1) Cellulitis of leg

11-Oct-2004 Mrs Mary Summers Other

Examination (P1) O/E - coordination

13-May-2002 Mrs Mary Summers Other

Diagnosis (P3) Scabies

26-Apr-2002 Mrs Mary Summers Other

Diagnosis (P3) Minor head injury

13-Mar-1998 Mrs Mary Summers Other

Diagnosis (P1) Lateral epicondylitis of the elbow

03-Mar-1993 Mrs Mary Summers Other

Diagnosis (P1) Corneal abrasion

18-July-1992 Mrs Mary Summers Other

Diagnosis (P1) Oesophagitis

03-Aug-1988 Mrs Mary Summers Other

Intervention (P1) Reversal of vasectomy - unspecified

13-Dec-1987 Mrs Mary Summers Other

Diagnosis (P1) Closed fracture zygoma

12-Jun-1986 Mrs Mary Summers Other

Intervention (P1) Diagnostic endosc retrograde exam bile+pancreatic ducts NOS

24-Apr-1986 Mrs Mary Summers Other

Intervention (P1) Bilateral vasectomy for contraception

THIRD PARTY COPY

02-Apr-1986 Mrs Mary Summers Other

Intervention	Diagnostic fibreoptic endoscopic exam of upper GI tract	
Intervention	**Diagnostic fibreoptic endoscopic exam of upper GI tract**:	
	Diagnostic fibreoptic endoscopic exam of upper GI tract	(No range available)

04-Aug-1984 Mrs Mary Summers Other

Diagnosis (P1)	Fracture of orbit NOS, closed

22-Nov-1983 Mrs Mary Summers Other

Intervention	Diagnostic fibreoptic endoscopic exam of upper GI tract	
Intervention	**Diagnostic fibreoptic endoscopic exam of upper GI tract**:	
	Diagnostic fibreoptic endoscopic exam of upper GI tract	(No range available)

29-Jun-1983 Mrs Mary Summers Other

Intervention (P1)	Vagotomy & pyloroplasty

20-May-1982 Mrs Mary Summers Other

Intervention (P1)	Exploratory laparotomy

10-Apr-1982 Mrs Mary Summers Other

Symptom (P3)	Pleuritic pain

01-Jan-1977 Mrs Mary Summers Other

Intervention (P1)	Emergency appendicectomy NEC

Medications (inc. issues)

Acute

30-Apr-2026 Sildenafil 100mg tablets
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

30-Apr-2026 Laxido Orange oral powder sachets sugar free (Galen Ltd)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

23-Apr-2026 Propranolol 10mg tablets
112 tablet - 20MG TWICE DAILY - DISPENSE WEEKLY

23-Apr-2026 Mirtazapine 15mg tablets
28 tablet - 1 AT BEDTIME Instalments: weekly

22-Apr-2026 Lansoprazole 30mg gastro-resistant capsules
28 capsule - 1D Instalments: weekly

22-Apr-2026 Risperidone 1mg tablets
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY Instalments: Dispense Weekly

22-Apr-2026 Risperidone 500microgram tablets
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY Instalments: Dispense Weekly

23-Mar-2026 Menthol 1% in Aqueous cream
100 gram - APPLY QID PRN

24-Nov-2025 Creon 10000 Gastro-resistant Capsules
300 capsule - ADJUST DOSE ACCORDING TO DIET

22-Oct-2025 Creon 25000 Gastro-resistant Capsules
100 capsule - 1 WITH EACH MAIN MEAL

10-Oct-2025 Ibuprofen Gel 10 %
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

Repeat

23-Apr-2026 Mirtazapine 15mg tablets
28 tablet - 1 AT BEDTIME Instalments: weekly

27-Jan-2026 Sildenafil 100mg tablets
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

26-Jan-2026 Risperidone 1mg tablets
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY Instalments: Dispense Weekly

26-Jan-2026 Risperidone 500microgram tablets
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY Instalments: Dispense Weekly

THIRD PARTY COPY

22-Apr-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

28-May-2024 Creon 25000 gastro-resistant capsules (Viatris UK Healthc...
100 capsule - 1 WITH EACH MAIN MEAL

21-May-2024 Creon 10000 gastro-resistant capsules (Viatris UK Healthc...
300 capsule - ADJUST DOSE ACCORDING TO DIET

03-Nov-2023 Ibuprofen 10%gel
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

03-Nov-2023 Menthol 1%in Aqueous cream
100 gram - APPLY QID PRN

03-Nov-2023 Lansoprazole 30mg gastro-resistant capsules
28 capsule - 1D Instalments: weekly

Past

25-Mar-2026 Propranolol 10mg tablets Acute Medication (Past)
112 tablet - 20MG TWICE DAILY - DISPENSE WEEKLY

23-Mar-2026 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

23-Mar-2026 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

23-Mar-2026 Risperidone 1mg tablets Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY Instalments: Dispense Weekly

23-Mar-2026 Risperidone 500microgram tablets Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY Instalments: Dispense Weekly

23-Mar-2026 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

23-Mar-2026 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1D Instalments: weekly

23-Mar-2026 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

09-Mar-2026 Codeine 30mg tablets Acute Medication (Past)
28 tablet - 1-2 TABS WHEN REQUIRED FOR PAIN. MAX FOUR TIMES A DAY

18-Feb-2026 Flucloxacillin 500mg capsules Acute Medication (Past)
40 capsule - TAKE 1 CAPSULE FOUR TIMES A DAY

18-Feb-2026 Propranolol 10mg tablets Acute Medication (Past)
112 tablet - 20MG TWICE DAILY - DISPENSE WEEKLY

05-Feb-2026 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

05-Feb-2026 Risperidone 1mg tablets Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY Instalments: Dispense Weekly

05-Feb-2026 Risperidone 500microgram tablets Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY Instalments: Dispense Weekly

05-Feb-2026 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

05-Feb-2026 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

29-Jan-2026 Oxycodone 5mg/5ml oral solution sugar free Acute Medication (Past)
100 ml - 2MLS (2MG) WHEN REQUIRED FOR PAIN. MAX 6 TIMES DAILY

27-Jan-2026 Sildenafil 100mg tablets Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

26-Jan-2026 Risperidone 1mg tablets Repeat Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY

26-Jan-2026 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

05-Jan-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
14 capsule - TAKE ONE TWICE DAILY

05-Jan-2026 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

05-Jan-2026 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY

05-Jan-2026 Risperidone Tablets 500 micrograms Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY

05-Jan-2026 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

24-Dec-2025 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
112 tablet - 20MG TWICE DAILY - DISPENSE WEEKLY

THIRD PARTY COPY

17-Dec-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

17-Dec-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

17-Dec-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY

17-Dec-2025 Risperidone Tablets 500 micrograms Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY

03-Dec-2025 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
112 tablet - 20MG TWICE DAILY - DISPENSE WEEKLY

01-Dec-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

01-Dec-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

28-Nov-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

28-Nov-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

24-Nov-2025 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

21-Nov-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

21-Nov-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

21-Nov-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY

21-Nov-2025 Risperidone Tablets 500 micrograms Acute Medication (Past)
14 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY

11-Nov-2025 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
56 tablet - 20MG ONCE DAILY - DISPENSE WEEKLY

30-Oct-2025 Risperidone Tablets 500 micrograms Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY

29-Oct-2025 Risperidone 500microgram tablets Repeat Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY

22-Oct-2025 Creon 10000 Gastro-resistant Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

22-Oct-2025 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

14-Oct-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

14-Oct-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

14-Oct-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

10-Oct-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

10-Oct-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

24-Sept-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

24-Sept-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

24-Sept-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

24-Sept-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

24-Sept-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

24-Sept-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

01-Sept-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

01-Sept-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

01-Sept-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

01-Sept-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

THIRD PARTY COPY

04-Aug-2025 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ml - 1ML QDS AFTER FOOD FOR 7 DAYS

30-July-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

30-July-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

30-July-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

30-July-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

03-July-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

03-July-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

30-Jun-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

30-Jun-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

30-Jun-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

24-Jun-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 tablet - 2 QID

06-Jun-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

03-Jun-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

03-Jun-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

03-Jun-2025 Risperidone Tablets 1 mg Acute Medication (Past)
28 tablet - ONE TABLET AT NIGHT - DISP WEEKLY

03-Jun-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

08-May-2025 Sildenafil 100mg tablets Repeat Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

08-May-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS

07-May-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

01-May-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

01-May-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

01-May-2025 Risperidone Tablets 1 mg Acute Medication (Past)
30 tablet - ONE TABLET AT NIGHT DOSE INCREASED MARCH 2025

01-May-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

22-Apr-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
60 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

04-Apr-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

04-Apr-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

13-Mar-2025 Risperidone 1mg tablets Repeat Medication (Past)
28 tablet - ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY

13-Mar-2025 Risperidone Tablets 1 mg Acute Medication (Past)
30 tablet - ONE TABLET AT NIGHT DOSE INCREASED MARCH 2025

12-Mar-2025 Creon 10000 Gastro-resistant Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

12-Mar-2025 Creon 25000 Gastro-resistant Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

12-Mar-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

12-Mar-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

12-Mar-2025 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

12-Mar-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

THIRD PARTY COPY

12-Mar-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

03-Mar-2025 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
40 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

27-Feb-2025 Cyanocobalamin Tablets 50 micrograms Acute Medication (Past)
28 tablet - TAKE ONE DAILY

20-Feb-2025 Risperidone Tablets 500 micrograms Acute Medication (Past)
30 tablet - ONE TABLET AT NIGHT

14-Feb-2025 Creon 25000 Gastro-resistant Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

14-Feb-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

14-Feb-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

14-Feb-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

10-Jan-2025 Sildenafil 100mg tablets Repeat Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

10-Jan-2025 Creon 10000 Gastro-resistant Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

10-Jan-2025 Creon 25000 Gastro-resistant Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

10-Jan-2025 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

10-Jan-2025 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

10-Jan-2025 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

10-Jan-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

10-Jan-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
10 Capsule(s) - TAKE ONE TWICE DAILY

10-Jan-2025 Sildenafil Citrate Tablets 100 mg Acute Medication (Past)
8 tablet - TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY Instalments: weekly

29-Oct-2024 Creon 10000 Gastro-resistant Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

29-Oct-2024 Creon 25000 Gastro-resistant Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

29-Oct-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

29-Oct-2024 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

29-Oct-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

29-Aug-2024 Codeine Phosphate Tablets 30 mg Acute Medication (Past)
112 tablet - ONE TABLET FOUR TIMES A DAY FOR PAIN

29-Aug-2024 Laxido Orange Oral Powder Sachets Sugar Free Acute Medication (Past)
40 sachet - ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION

29-Aug-2024 Senna Tablets 7.5 mg Acute Medication (Past)
60 tablet - TAKE TWO TABLETS AT NIGHT

28-Aug-2024 Creon 10000 Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

28-Aug-2024 Creon 25000 Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

28-Aug-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

28-Aug-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

28-Aug-2024 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

28-Aug-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

19-July-2024 Creon 25000 Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

19-July-2024 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
40 sachet - TAKE TWO DAILY UNTIL BOWELS MOVING WELL THEN ONE DAILY LONG TERM

19-July-2024 Senna Tablets 7.5 mg Acute Medication (Past)
60 tablet - TAKE TWO TABLETS AT NIGHT

THIRD PARTY COPY

03-July-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

03-July-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

03-July-2024 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

03-July-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

03-July-2024 Nortriptyline Tablets 10 mg Acute Medication (Past)
56 tablet - TAKE ONE DAILY INCREASE TO 2 DAILY AFTER 1 WEEK

20-Jun-2024 Creon 25000 Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

29-May-2024 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

29-May-2024 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

29-May-2024 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

29-May-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

28-May-2024 Creon 25000 Capsules Acute Medication (Past)
100 capsule - 1 WITH EACH MAIN MEAL

24-May-2024 Creon Micro Gastro-resistant Granules Acute Medication (Past)
20 gram - TWO SCOOPS EQUALS 10000 UNITS. ADJUST DOSE ACCORDING TO DIET

21-May-2024 Creon 10000 Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

09-May-2024 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - TAKE ONE TWICE DAILY

26-Mar-2024 Creon 10000 Capsules Acute Medication (Past)
300 capsule - ADJUST DOSE ACCORDING TO DIET

22-Mar-2024 Creon 25000 Capsules Acute Medication (Past)
300 capsule - TAKE ONE TO TWO CAPSULES WITH MEALS AND SNACKS FOR PANCREATIC INSUFFICIENCY AS DIRECTED BY GASTROENTEROLOGY

20-Mar-2024 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

20-Mar-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME Instalments: weekly

07-Feb-2024 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - 1 AT BEDTIME

07-Feb-2024 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

25-Jan-2024 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

27-Dec-2023 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 capsule - TAKE ONE DAILY

28-Nov-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 2 QDS IF NEEDED

03-Nov-2023 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 Tablet(s) - 1 -2 AS REQUIRED PAIN UP TO FOUR TIMES A DAY DO NOT TAKE WITH PARACETAMOL

03-Nov-2023 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

03-Nov-2023 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D Instalments: weekly

03-Nov-2023 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

16-Feb-2023 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

16-Feb-2023 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

29-Nov-2022 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1D

29-Nov-2022 Meloxicam Tablets 15 mg Acute Medication (Past)
30 tablet - 1D

30-Aug-2022 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1-2N

30-Aug-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - 1 BD WITH FOOD

THIRD PARTY COPY

30-Aug-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE BD

09-Aug-2022 Menthol In Aqueous Cream 1 % Acute Medication (Past)
100 gram - APPLY QID PRN

02-Aug-2022 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - 1 QDS PRN

19-July-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - 1 BD WITH FOOD

19-July-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE BD

17-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - 1 BD WITH FOOD

17-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - 1 IN THE MORNING

17-May-2022 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - 1 BD WITH FOOD

17-May-2022 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE BD

17-Mar-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TODAY AND THEN TAKE ONE DAILY

17-Mar-2022 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Mar-2022 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - TWO TODAY AND THEN TAKE ONE DAILY

03-Mar-2022 Metronidazole Tablets 400 mg Acute Medication (Past)
15 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Dec-2021 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - 1-2N

22-Dec-2021 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - 2 QDS PRN MAX 8 PER DAY

22-Dec-2021 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - 1M

07-Dec-2021 Levetiracetam Tablets 750 mg Acute Medication (Past)
112 tablet - 1 BD

08-Nov-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 2 QDS PRN. MAX 8 PER DAY

01-Nov-2021 Levetiracetam Tablets 250 mg Acute Medication (Past)
14 tablet - TAKE TWO AT NIGHT FOR WEEK 5

01-Nov-2021 Levetiracetam Tablets 750 mg Acute Medication (Past)
56 tablet - TAKE ONE IN THE MORNING FOR WEEK 5 THEN TAKE ONE TWICE A DAY FROM WEEK 6 ONWARDS

18-Oct-2021 Ibuprofen Gel 10 % Acute Medication (Past)
100 gram - APPLY FOUR TIMES A DAY TO SORE AREAS

18-Oct-2021 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
56 tablet - 1 BD PRN FOR ANXIETY

04-Oct-2021 Levetiracetam Tablets 250 mg Acute Medication (Past)
70 tablet - 1 NOCTE FOR WEEK 1 THEN 1 TWICE A DAY FOR WEEK 2 THEN 1 MANE AND 2 NOCTE FOR WEEK 3 THEN 2 TWICE A DAY FOR WEEK 4

03-Dec-2020 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
168 tablet - TAKE ONE TABLET THREE TIMES A DAY

19-Jun-2020 Thiamine 100mg tablets Repeat Medication (Past)
168 tablet - TAKE ONE TABLET THREE TIMES A DAY

23-Apr-2020 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
150 tablet - 1 TDS

23-Apr-2020 Valupak Multivitamin And Mineral One A Day Tablets Acute Medication (Past)
50 tablet - TAKE ONE DAILY

14-Jan-2020 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 capsule - 2 INITIALLY THEN 1 DAILY WITH FOOD

15-Oct-2019 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
180 tablet - THREE TO BE TAKEN EACH MORNING

15-Oct-2019 Valupak Multivitamin And Mineral One A Day Tablets Acute Medication (Past)
50 tablet - TAKE ONE DAILY

15-Oct-2019 Epilim Chrono M/R tablets 500 mg Acute Medication (Past)
84 tablet - TID Notes for dispenser: weekly dispense

22-Aug-2019 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

22-Aug-2019 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - ONE TO TWO UP TO FOUR TIMES A DAY PRN FOR PAIN

THIRD PARTY COPY

05-July-2019 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

05-July-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - 1 QID WEEKLY DISPENSE

05-July-2019 Epilim Chrono M/R tablets 500 mg Acute Medication (Past)
84 tablet - TID Notes for dispenser: weekly dispense

17-Jun-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - 1 QID

17-Jun-2019 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

31-May-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 tablet - 1 QID

29-May-2019 Epilim Chrono M/R tablets 500 mg Acute Medication (Past)
84 tablet - TID Notes for dispenser: weekly dispense

31-Dec-2018 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - 2 INITIALLY THEN 1 DAILY WITH FOOD

31-Dec-2018 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - 2 QDS

13-Dec-2018 Propranolol 10mg tablets Repeat Medication (Past)
168 tablet - 2 TID Notes for dispenser: weekly dispense

13-Dec-2018 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - 1 MANE Notes for dispenser: weekly dispense

13-Dec-2018 Epilim Chrono M/R tablets 500 mg Acute Medication (Past)
84 tablet - TID Notes for dispenser: weekly dispense

13-Dec-2018 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
168 tablet - 2 TID Notes for dispenser: weekly dispense

Allergies

05-Jun-2019 Miss Lynn Sievwright
Adverse reaction to Penicillins
*[Drug selected on basis of ***** Code from previous system]*
RCT001
Episodicity -

11-Dec-2018 Miss Louise Kerrigan
H/O: penicillin allergy
*[Drug selected on basis of ***** Code from previous system]*
RCT001
Episodicity -

Vaccinations

03-Dec-2020 Ms Fiona Wood
Seasonal influenza vaccination
Fluarix Tetra Quadrivalent inactivated QIVe flu vac Batch No: AFLBA523AA - Exp 08-2021 L deltoid IM
Intervention
FLU

Referrals

07-Mar-2025 Dr Anne Money
In-house follow-up
*(required blood test - see EMIS 7/3/25). Sender: Dr ***** Money; Reason: In-house follow-up*

17-Feb-2025 Dr Anne Money
EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Money; Reason: EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)*

30-Jan-2025 Dr Doc Man
Discharge from care
(Psychiatry of old age - multiple failed attendances). Sender: Dr Doc Man; Reason: Discharge from care

21-Nov-2024 Dr Anne Money
8H49.: Psychiatric referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Money; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*

21-Nov-2024 Dr Anne Money
EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Money; Reason: EMISSPR715: Old age psychiatry referral (SCI Gateway Referral)*

08-Oct-2024 Dr Alison Gillan
8HTH.: Referral to back pain clinic (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Gillan; Reason: 8HTH.: Referral to back pain clinic (SCI Gateway Referral)*

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23-Aug-2024 Dr Alison Gillan
8H69.: Refer to pain clinic (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Gillan; Reason: 8H69.: Refer to pain clinic (SCI Gateway Referral)*

11-July-2024 Dr Georgina Heron
8H69.: Refer to pain clinic (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Heron; Reason: 8H69.: Refer to pain clinic (SCI Gateway Referral)*

26-Feb-2024 Dr Georgina Heron
8H46.: Neurological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Heron; Reason: 8H46.: Neurological referral (SCI Gateway Referral)*

26-Feb-2024 Dr Georgina Heron
8H49.: Psychiatric referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** Heron; Reason: 8H49.: Psychiatric referral (SCI Gateway Referral)*

21-Dec-2023 Dr Wendy Taylor
8H48.: Gastroenterological referral (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H48.: Gastroenterological referral (SCI Gateway Referral)*

30-Oct-2023 Dr Georgina Heron
EMISSPR400: Neurology referral (SCI Gateway Referral)
*Advice. Sender: Dr ***** Heron; Reason: EMISSPR400: Neurology referral (SCI Gateway Referral)*

12-Oct-2023 Dr Sonia Cooper
In-house follow-up
*(required hba1c). Sender: Dr ***** *****; Reason: In-house follow-up*

19-Jun-2023 Dr Rebecca Martin
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

16-Feb-2023 Dr Sonia Cooper
8H77.: Refer to physiotherapist (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H77.: Refer to physiotherapist (SCI Gateway Referral)*

16-Feb-2023 Dr Sonia Cooper
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

22-Dec-2021 Dr Wendy Taylor
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)*

18-Oct-2021 Dr Sonia Cooper
8H...: Referral for further care (SCI Gateway Referral)
*Out Patient. Sender: Dr ***** *****; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

04-Oct-2021 Miss Ailsa McEwen
Referral to pharmacist
. Sender: Miss Ailsa McEwen; Reason: Referral to pharmacist

20-July-2021 Ms Carolyn Fitzpatrick
Discharged from hospital
. Sender: Ms Carolyn Fitzpatrick; Reason: Discharged from hospital

19-Jun-2020 Ms Carolyn Fitzpatrick
Discharged from hospital
. Sender: Ms Carolyn Fitzpatrick; Reason: Discharged from hospital

18-Oct-2019 Miss Ailsa McEwen
Referral to pharmacist
. Sender: Miss Ailsa McEwen; Reason: Referral to pharmacist

13-Jun-2019 Dr Pascal Scanlan
EMISSPR400: Neurology referral (SCI Gateway Referral)
Out Patient. Sender: Dr Pascal Scanlan; Reason: EMISSPR400: Neurology referral (SCI Gateway Referral)

THIRD PARTY COPY

Test Requests

31-Dec-9999 Miss Louise Kerrigan
Laboratory test requested
Remote Test request from ICE system: Tayside Test RequestClinical Information: Raised fasting glucose Priority: non-urgent, Ordered from: WPE Blood Sciences, No samples collectedTest: Diagnostic HbA1c (IFCC), Status: Requested, Updated: 09/04/2026Test: Diagnosing Diabetes Fasting Stage 2, Status: Requested, Updated: 09/04/2026

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

31-Dec-9999 Dr Alison Gillan
Wound swab C&S

Status	
Innoculation Risk	False
Priority	
Has Fasted?	False
Is Pregnant?	False

31-Dec-9999 Mrs Helen Connelly
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
CT Chest Abdo Pelvis + contrast
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
BMI Less than or equal to 26
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Protein Electrophoresis
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Rachael Innes
Prostate Specific Antigen (PSA)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Coeliac Screen/IgA Tissue Transglut. Ab
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Colorectal Pathway FIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Rachael Innes
Bence ***** Protein (Spot Urine)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
BMI Less than or equal to 26
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Ms Karyn Warwick
Protein Electrophoresis
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Prostate Specific Antigen (PSA)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Coeliac Screen/IgA Tissue Transglut. Ab
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Colorectal Pathway FIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Bence ***** Protein (Spot Urine)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Ms Karyn Warwick
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
B12/Folate
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Liver Group (LFTs)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Anne Money
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Amylase
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Georgina Heron
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Liver Group (LFTs)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mr Paul Hendrie
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mr Paul Hendrie
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Ms Karyn Warwick
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Weekly alcohol less than or = 14 units
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
BMI 34
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Georgina Heron
Cholesterol
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
iLFT Immunology
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
iLFT (Intelligent Liver Pathway)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Wendy Taylor
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Fatma Zaidan
Faecal Elastase
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sonia Cooper
Diagnostic HbA1c
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sonia Cooper
Diagnosing diabetes FASTING STAGE 2
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Protein Electrophoresis
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Plasma Viscosity
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Georgina Heron
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
Bence ***** Protein (Spot Urine)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
MRI Spine cervical
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Georgina Heron
MRI Spine lumbar & sacral
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Protein Electrophoresis
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Glucose (Fasting)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Plasma Viscosity
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Mrs Helen Connelly
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Bence ***** Protein (Spot Urine)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
MRI Spine cervical
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
MRI Spine lumbar & sacral
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
Liver Group (LFTs)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Smaira Ali
XR Thumb Rt
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Dr Wendy Taylor
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Liver Group (LFTs)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Wendy Taylor
Colorectal Pathway FIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Anaemia Screen
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Bone Group
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Creatinine and Electrolytes
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

THIRD PARTY COPY

31-Dec-9999 Mrs Helen Connelly
C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Liver Group (LFTs)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
SST Tube
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Thyroid Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Helen Connelly
Colorectal Pathway FIT
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

Test Results

04-Aug-2025 Mrs Jayne Cameron
Result: Oxygen saturation at periphery 98 %*very hoarse voice , temp 37 <c>HR 111, no cervical lymphadenopathy, ears- nad , no temporal tenderness or swelling. Throat- no swelling, looks red, white thrush plaques present at roof of mouth and oropharynx. tongue is heavily coated.*

Oxygen saturation at periphery 98 % very hoarse voice , temp 37 <c>HR 111, no cervical lymphadenopathy, ears- nad , no temporal tenderness or swelling. Throat- no swelling, looks red, white thrush plaques present at roof of mouth and oropharynx. tongue is heavily coated.	98 %	(No range available)

03-Jun-2025 Ms Karyn Warwick
Result: Blood sample -> Biochem Lab*qfit and urine handed in to reception - on ice <c>*

Blood sample -> Biochem Lab qfit and urine handed in to reception - on ice <c>		(No range available)

19-May-2025
Result: Serum albumin*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*

Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)

19-May-2025
Result: Serum albumin*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*

Serum albumin SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	38 g/L	(Range: 35 - 50)

19-May-2025
Result: Serum alkaline phosphatase*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Abnormal

Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**	**(Range: 30 - 130)**

19-May-2025
Result: Serum alkaline phosphatase*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Abnormal

Serum alkaline phosphatase SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	**132 U/L**	**(Range: 30 - 130)**

19-May-2025
Result: Serum calcium*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*

Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L	(Range: 2.1 - 2.55)

19-May-2025
Result: Serum calcium*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*

Serum calcium SPECIMEN ID: C252734408SPECIMEN TYPE: Blood	2.33 mmol/L	(Range: 2.1 - 2.55)

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19-May-2025			
Result: Corrected serum calcium level *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Corrected serum calcium level SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		2.35 mmol/L	(Range: 2.1 - 2.55)
19-May-2025			
Result: Corrected serum calcium level *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Corrected serum calcium level SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		2.35 mmol/L	(Range: 2.1 - 2.55)
19-May-2025			
Result: Serum creatinine *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum creatinine SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		64 umol/L	(Range: 62 - 106)
19-May-2025			
Result: Serum creatinine *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum creatinine SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		64 umol/L	(Range: 62 - 106)
19-May-2025			
Result: Eosinophil count *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Abnormal			
Eosinophil count SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		**0.43**	**(No range available)**
19-May-2025			
Result: Haemoglobin estimation *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Haemoglobin estimation SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		149 g/L	(Range: 130 - 180)
19-May-2025			
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		32 pg	(Range: 27 - 32)
19-May-2025			
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		334 g/L	(Range: 320 - 360)
19-May-2025			
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Mean corpuscular volume (MCV) SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		95.7 fL	(Range: 85 - 105)
19-May-2025			
Result: Monocyte count *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Monocyte count SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		0.4	(Range: 0.2 - 0.8)
19-May-2025			
Result: Neutrophil count *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Neutrophil count SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		5	(Range: 2 - 7.5)
19-May-2025			
Result: Platelet count *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Platelet count SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		280	(Range: 150 - 400)
19-May-2025			
Result: Serum potassium *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum potassium SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		4.6 mmol/L	(Range: 3.5 - 5.3)
19-May-2025			
Result: Serum potassium *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum potassium SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		4.6 mmol/L	(Range: 3.5 - 5.3)
19-May-2025			
Result: Red blood cell (RBC) count *SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA*			
Red blood cell (RBC) count SPECIMEN ID: H252734408 SPECIMEN TYPE: EDTA		4.66	(Range: 4.5 - 6)
19-May-2025			
Result: Serum sodium *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum sodium SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		139 mmol/L	(Range: 133 - 146)
19-May-2025			
Result: Serum sodium *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum sodium SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		139 mmol/L	(Range: 133 - 146)
19-May-2025			
Result: Serum total protein *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum total protein SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		63 g/L	(Range: 60 - 80)
19-May-2025			
Result: Serum total protein *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum total protein SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		63 g/L	(Range: 60 - 80)
19-May-2025			
Result: Serum total protein *SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood*			
Serum total protein SPECIMEN ID: C252734408 SPECIMEN TYPE: Blood		63 g/L	(Range: 60 - 80)

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19-May-2025
Result: Serum total protein *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Serum total protein *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Serum total protein *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum total protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Serum TSH level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Abnormal
Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood **0.35 mU/L** **(Range: 0.4 - 4)**

19-May-2025
Result: Serum TSH level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Abnormal
Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood **0.35 mU/L** **(Range: 0.4 - 4)**

19-May-2025
Result: Serum TSH level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Abnormal
Serum TSH level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood **0.35 mU/L** **(Range: 0.4 - 4)**

19-May-2025
Result: Serum TSH level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Serum TSH level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Serum TSH level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Serum TSH level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Total white cell count *SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA*
Total white cell count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 7.7 (Range: 4 - 11)

19-May-2025
Result: Lymphocyte count *SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA*
Lymphocyte count SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 1.8 (Range: 1.5 - 4)

19-May-2025
Result: Bone profile *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Bone profile *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Bone profile Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Full blood count - FBC *Specimen Id: H252734408Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Full blood count - FBC Specimen Id: H252734408Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

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19-May-2025
Result: Plasma fasting glucose level *SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate **11 mmol/L** **(Range: 3.3 - 5.8)**

19-May-2025
Result: Plasma fasting glucose level *SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C252734408SPECIMEN TYPE: Fluoride Oxalate **11 mmol/L** **(Range: 3.3 - 5.8)**

19-May-2025
Result: Plasma fasting glucose level *Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Plasma fasting glucose level *Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C252734408Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Total prostate specific antigen level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

19-May-2025
Result: Total prostate specific antigen level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

19-May-2025
Result: Total prostate specific antigen level *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Total prostate specific antigen level SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 0.3 ug/L (No range available)

19-May-2025
Result: PSA - Serum prostate specific antigen level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: PSA - Serum prostate specific antigen level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: PSA - Serum prostate specific antigen level *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
PSA - Serum prostate specific antigen level Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Plasma C reactive protein *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 3.1 mg/L (No range available)

19-May-2025
Result: Plasma C reactive protein *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 3.1 mg/L (No range available)

19-May-2025
Result: Plasma C reactive protein *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C252734408SPECIMEN TYPE: Blood 3.1 mg/L (No range available)

19-May-2025
Result: Plasma C reactive protein *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

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19-May-2025
Result: Plasma C reactive protein*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Plasma C reactive protein*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Biochemical test*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Biochemical test*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Protein electrophoresis*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Protein electrophoresis SPECIMEN ID: C252734408SPECIMEN TYPE: Blood (No range available)

19-May-2025
Result: Protein electrophoresis*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Protein electrophoresis Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Haematocrit*SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 0.446 (Range: 0.4 - 0.52)

19-May-2025
Result: Basophil count, 0*SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H252734408SPECIMEN TYPE: EDTA 0 (No range available)

19-May-2025
Result: Acute kidney injury warning stage*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C252734408SPECIMEN TYPE: Blood (No range available)

19-May-2025
Result: Acute kidney injury warning stage*SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C252734408SPECIMEN TYPE: Blood (No range available)

19-May-2025
Result: Acute kidney injury warning stage*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Acute kidney injury warning stage*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Quantitative faecal immunochemical test*SPECIMEN ID: C252734409SPECIMEN TYPE: FaecesNOT DETECTED*
Quantitative faecal immunochemical test SPECIMEN ID: C252734409SPECIMEN TYPE: FaecesNOT DETECTED (No range available)

19-May-2025
Result: Quantitative faecal immunochemical test*Specimen Id: C252734409Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Quantitative faecal immunochemical test Specimen Id: C252734409Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Urine: Bence ***** protein*SPECIMEN ID: C252734410SPECIMEN TYPE: Urine*
Urine: Bence ***** protein SPECIMEN ID: C252734410SPECIMEN TYPE: Urine (No range available)

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19-May-2025
Result: Urine: Bence ***** protein *Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urine: Bence ***** protein Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Tissue transglutaminase IgA level *SPECIMEN ID: I252734408SPECIMEN TYPE: SERUM*
Tissue transglutaminase IgA level SPECIMEN ID: I252734408SPECIMEN TYPE: SERUM 0.9 U/mL (No range available)

19-May-2025
Result: Tissue transglutaminase IgA level *Specimen Id: I252734408Specimen Type: SERUMNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Tissue transglutaminase IgA level Specimen Id: I252734408Specimen Type: SERUMNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: Urine protein/creatinine ratio *SPECIMEN ID: C252734410SPECIMEN TYPE: Urine*
Abnormal
Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine **19 mg/mmol** **(No range available)**

19-May-2025
Result: Urine protein/creatinine ratio *SPECIMEN ID: C252734410SPECIMEN TYPE: Urine*
Abnormal
Urine protein/creatinine ratio SPECIMEN ID: C252734410SPECIMEN TYPE: Urine **19 mg/mmol** **(No range available)**

19-May-2025
Result: Urine protein/creatinine ratio *Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: Urine protein/creatinine ratio *Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Urine protein/creatinine ratio Specimen Id: C252734410Specimen Type: UrineNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C252734408SPECIMEN TYPE: Blood (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60 (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C252734408SPECIMEN TYPE: Blood (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C252734408SPECIMEN TYPE: Blood> 60 (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-May-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

THIRD PARTY COPY

19-May-2025
Result: GFR calculated abbreviated MDRD*Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

GFR calculated abbreviated MDRD Specimen Id: C252734408Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

03-Mar-2025
Result: Plasma fasting glucose level*SPECIMEN ID: C252544556SPECIMEN TYPE: Fluoride Oxalate*
Abnormal

Plasma fasting glucose level SPECIMEN ID: C252544556SPECIMEN TYPE: Fluoride Oxalate	**7.5 mmol/L**	**(Range: 3.3 - 5.8)**

03-Mar-2025
Result: Plasma fasting glucose level*Specimen Id: C252544556Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Plasma fasting glucose level Specimen Id: C252544556Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

03-Mar-2025 Ms Karyn Warwick
Result: Blood sample -> Biochem Lab<c>

Blood sample -> Biochem Lab <c>		(No range available)

25-Feb-2025
Result: Serum albumin*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum albumin SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	36 g/L	(Range: 35 - 50)

25-Feb-2025
Result: Serum alkaline phosphatase*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum alkaline phosphatase SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	122 U/L	(Range: 30 - 130)

25-Feb-2025
Result: Serum alanine aminotransferase level*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum alanine aminotransferase level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	20 U/L	(Range: 5 - 55)

25-Feb-2025
Result: Serum vitamin B12*SPECIMEN ID: H252531512SPECIMEN TYPE: Blood*
Abnormal

Serum vitamin B12 SPECIMEN ID: H252531512SPECIMEN TYPE: Blood	**155 ng/L**	**(Range: 200 - 940)**

25-Feb-2025
Result: Serum total bilirubin level*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum total bilirubin level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	9 umol/L	(No range available)

25-Feb-2025
Result: Serum calcium*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum calcium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.24 mmol/L	(Range: 2.1 - 2.55)

25-Feb-2025
Result: Corrected serum calcium level*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Corrected serum calcium level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	2.28 mmol/L	(Range: 2.1 - 2.55)

25-Feb-2025
Result: Serum creatinine*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum creatinine SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	65 umol/L	(Range: 62 - 106)

25-Feb-2025
Result: Eosinophil count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*
Abnormal

Eosinophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**0.42**	**(No range available)**

25-Feb-2025
Result: Serum folate*SPECIMEN ID: H252531512SPECIMEN TYPE: Blood> 17.5*
Abnormal

Serum folate SPECIMEN ID: H252531512SPECIMEN TYPE: Blood> 17.5		(No range available)

25-Feb-2025
Result: Haemoglobin estimation*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	167 g/L	(Range: 130 - 180)

25-Feb-2025
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	**32.5 pg**	**(Range: 27 - 32)**

25-Feb-2025
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	334 g/L	(Range: 320 - 360)

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25-Feb-2025
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	97.3 fL	(Range: 85 - 105)

25-Feb-2025
Result: Monocyte count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	0.5	(Range: 0.2 - 0.8)

25-Feb-2025
Result: Neutrophil count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	4.1	(Range: 2 - 7.5)

25-Feb-2025
Result: Platelet count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	245	(Range: 150 - 400)

25-Feb-2025
Result: Serum potassium*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	4.4 mmol/L	(Range: 3.5 - 5.3)

25-Feb-2025
Result: Red blood cell (RBC) count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	5.12	(Range: 4.5 - 6)

25-Feb-2025
Result: Serum sodium*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	144 mmol/L	(Range: 133 - 146)

25-Feb-2025
Result: Serum TSH level*SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*

Serum TSH level SPECIMEN ID: C252531512SPECIMEN TYPE: Blood	0.67 mU/L	(Range: 0.4 - 4)

25-Feb-2025
Result: Serum TSH level*Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum TSH level Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

25-Feb-2025
Result: Total white cell count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Total white cell count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	6.8	(Range: 4 - 11)

25-Feb-2025
Result: Lymphocyte count*SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*

Lymphocyte count SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA	1.7	(Range: 1.5 - 4)

25-Feb-2025
Result: B12/folate level*Specimen Id: H252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

B12/folate level Specimen Id: H252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

25-Feb-2025
Result: Plasma glucose level*SPECIMEN ID: C252531512SPECIMEN TYPE: Fluoride Oxalate*
Abnormal

Plasma glucose level SPECIMEN ID: C252531512SPECIMEN TYPE: Fluoride Oxalate	**6.2 mmol/L**	**(Range: 3.3 - 5.8)**

25-Feb-2025
Result: Plasma glucose level*Specimen Id: C252531512Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Plasma glucose level Specimen Id: C252531512Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

25-Feb-2025
Result: Bone profile*Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Bone profile Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

25-Feb-2025
Result: Full blood count - FBC*Specimen Id: H252531512Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Full blood count - FBC Specimen Id: H252531512Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

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25-Feb-2025
Result: Liver function test *Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Liver function test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Feb-2025
Result: Biochemical test *Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Feb-2025
Result: Haematocrit *SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA 0.498 (Range: 0.4 - 0.52)

25-Feb-2025
Result: Basophil count, 0 *SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H252531512SPECIMEN TYPE: EDTA 0 (No range available)

25-Feb-2025
Result: Acute kidney injury warning stage *SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C252531512SPECIMEN TYPE: Blood (No range available)

25-Feb-2025
Result: Acute kidney injury warning stage *Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Feb-2025 Miss Louise Kerrigan
Result: Blood sample -> Haematol Lab<c>
Blood sample -> Haematol Lab <c> (No range available)

25-Feb-2025 Miss Louise Kerrigan
Result: Blood sample -> Biochem Lab<c>
Blood sample -> Biochem Lab <c> (No range available)

25-Feb-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *SPECIMEN ID: C252531512SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C252531512SPECIMEN TYPE: Blood (No range available)

25-Feb-2025
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: C252531512SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C252531512SPECIMEN TYPE: Blood> 60 (No range available)

25-Feb-2025
Result: GFR calculated abbreviated MDRD adj for African Americ orign *Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

25-Feb-2025
Result: GFR calculated abbreviated MDRD *Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD Specimen Id: C252531512Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

31-July-2024
Result: Serum albumin *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C242050510SPECIMEN TYPE: Blood 37 g/L (Range: 35 - 50)

31-July-2024
Result: Serum alkaline phosphatase *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C242050510SPECIMEN TYPE: Blood 108 U/L (Range: 30 - 130)

31-July-2024
Result: Serum alanine aminotransferase level *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Serum alanine aminotransferase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood 19 U/L (Range: 5 - 55)

31-July-2024
Result: Serum total bilirubin level *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood 14 umol/L (No range available)

31-July-2024
Result: Serum creatinine *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Serum creatinine SPECIMEN ID: C242050510SPECIMEN TYPE: Blood 70 umol/L (Range: 62 - 106)

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31-July-2024
Result: Eosinophil count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Eosinophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.23	(No range available)

31-July-2024
Result: Haemoglobin estimation*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	161 g/L	(Range: 130 - 180)

31-July-2024
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	31.1 pg	(Range: 27 - 32)

31-July-2024
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	329 g/L	(Range: 320 - 360)

31-July-2024
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	94.4 fL	(Range: 85 - 105)

31-July-2024
Result: Monocyte count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	0.4	(Range: 0.2 - 0.8)

31-July-2024
Result: Neutrophil count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	4.4	(Range: 2 - 7.5)

31-July-2024
Result: Platelet count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	238	(Range: 150 - 400)

31-July-2024
Result: Serum potassium*SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	4 mmol/L	(Range: 3.5 - 5.3)

31-July-2024
Result: Red blood cell (RBC) count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	5.18	(Range: 4.5 - 6)

31-July-2024
Result: Serum sodium*SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)

31-July-2024
Result: Total white cell count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Total white cell count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	7.3	(Range: 4 - 11)

31-July-2024
Result: Lymphocyte count*SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*

Lymphocyte count SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA	2.3	(Range: 1.5 - 4)

31-July-2024
Result: Full blood count - FBC*Specimen Id: H242050510Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Full blood count - FBC Specimen Id: H242050510Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

31-July-2024
Result: Liver function test*Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Liver function test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

31-July-2024
Result: Serum amylase level*SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*

Serum amylase level SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	39 U/L	(No range available)

31-July-2024
Result: Serum amylase level*Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum amylase level Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

31-July-2024
Result: Plasma C reactive protein*SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*

Plasma C reactive protein SPECIMEN ID: C242050510SPECIMEN TYPE: Blood	5.5 mg/L	(No range available)

THIRD PARTY COPY

31-July-2024
Result: Plasma C reactive protein *Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

31-July-2024
Result: Biochemical test *Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

31-July-2024
Result: Haematocrit *SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA 0.489 (Range: 0.4 - 0.52)

31-July-2024
Result: Basophil count, 0 *SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H242050510SPECIMEN TYPE: EDTA 0 (No range available)

31-July-2024
Result: Acute kidney injury warning stage *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C242050510SPECIMEN TYPE: Blood (No range available)

31-July-2024
Result: Acute kidney injury warning stage *Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

31-July-2024 Dr Doc Man
Result: Blood sample -> Biochem Lab
Blood sample -> Biochem Lab (No range available)

31-July-2024 Dr Doc Man
Result: Blood sample -> Haematol Lab
Blood sample -> Haematol Lab (No range available)

31-July-2024
Result: GFR calculated abbreviated MDRD adj for African Americ orign *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C242050510SPECIMEN TYPE: Blood (No range available)

31-July-2024
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: C242050510SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C242050510SPECIMEN TYPE: Blood> 60 (No range available)

31-July-2024
Result: GFR calculated abbreviated MDRD adj for African Americ orign *Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

31-July-2024
Result: GFR calculated abbreviated MDRD *Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD Specimen Id: C242050510Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

19-July-2024 Dr Georgina Heron
Result: O/E - temperature normal *<c>36.8*
O/E - temperature normal <c>36.8 (No range available)

19-July-2024 Dr Georgina Heron
Result: Oxygen saturation at periphery 94 % *<c>*
Oxygen saturation at periphery 94 % <c> 94 % (No range available)

29-Apr-2024
Result: Plasma fasting glucose level *SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate **6.1 mmol/L** **(Range: 3.3 - 5.8)**

29-Apr-2024
Result: Plasma fasting glucose level *SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C241834695SPECIMEN TYPE: Fluoride Oxalate **6.1 mmol/L** **(Range: 3.3 - 5.8)**

THIRD PARTY COPY

29-Apr-2024
Result: Plasma fasting glucose level *Specimen Id: C241834695 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C241834695 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

29-Apr-2024
Result: Plasma fasting glucose level *Specimen Id: C241834695 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C241834695 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

29-Apr-2024
Result: Haemoglobin A1c level - IFCC standardised *SPECIMEN ID: C241834695 SPECIMEN TYPE: Whole blood EDTA*
Haemoglobin A1c level - IFCC standardised SPECIMEN ID: C241834695 SPECIMEN TYPE: Whole blood EDTA 46 mmol/mol (No range available)

29-Apr-2024
Result: Haemoglobin A1c level - IFCC standardised *Specimen Id: C241834695 Specimen Type: Whole blood EDTA Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Haemoglobin A1c level - IFCC standardised Specimen Id: C241834695 Specimen Type: Whole blood EDTA Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

29-Apr-2024 Dr Doc Man
Result: Blood sample -> Biochem Lab
Blood sample -> Biochem Lab (No range available)

29-Apr-2024 Dr Doc Man
Result: Blood sample -> Haematol Lab
Blood sample -> Haematol Lab (No range available)

19-Apr-2024
Result: Plasma fasting glucose level *SPECIMEN ID: C241813154 SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C241813154 SPECIMEN TYPE: Fluoride Oxalate **6.7 mmol/L** **(Range: 3.3 - 5.8)**

19-Apr-2024
Result: Plasma fasting glucose level *Specimen Id: C241813154 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C241813154 Specimen Type: Fluoride Oxalate Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

19-Apr-2024 Dr Doc Man
Result: Blood sample -> Biochem Lab
Blood sample -> Biochem Lab (No range available)

19-Apr-2024 Dr Doc Man
Result: Blood sample -> Haematol Lab
Blood sample -> Haematol Lab (No range available)

15-Feb-2024
Result: Serum albumin *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 39 g/L (Range: 35 - 50)

15-Feb-2024
Result: Serum alkaline phosphatase *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 103 U/L (Range: 30 - 130)

15-Feb-2024
Result: Serum alanine aminotransferase level *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum alanine aminotransferase level SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 20 U/L (Range: 5 - 55)

15-Feb-2024
Result: Serum total bilirubin level *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 16 umol/L (No range available)

15-Feb-2024
Result: Serum cholesterol *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum cholesterol SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 3.73 mmol/L (No range available)

15-Feb-2024
Result: Serum cholesterol *SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood*
Serum cholesterol SPECIMEN ID: C241662278 SPECIMEN TYPE: Blood 3.73 mmol/L (No range available)

THIRD PARTY COPY

15-Feb-2024
Result: Serum cholesterol*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

15-Feb-2024
Result: Serum cholesterol*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Serum cholesterol Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

15-Feb-2024
Result: Serum creatinine*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum creatinine SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	70 umol/L	(Range: 62 - 106)

15-Feb-2024
Result: Eosinophil count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Eosinophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.23	(No range available)

15-Feb-2024
Result: Serum gamma-glutamyl transferase level*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum gamma-glutamyl transferase level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	31 U/L	(Range: 3 - 73)

15-Feb-2024
Result: Haemoglobin estimation*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	168 g/L	(Range: 130 - 180)

15-Feb-2024
Result: Serum HDL cholesterol level*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L	(Range: 0.6 - 2.5)

15-Feb-2024
Result: Serum HDL cholesterol level*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum HDL cholesterol level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.88 mmol/L	(Range: 0.6 - 2.5)

15-Feb-2024
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	30.7 pg	(Range: 27 - 32)

15-Feb-2024
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	321 g/L	(Range: 320 - 360)

15-Feb-2024
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	95.7 fL	(Range: 85 - 105)

15-Feb-2024
Result: Monocyte count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	0.4	(Range: 0.2 - 0.8)

15-Feb-2024
Result: Neutrophil count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	3.7	(Range: 2 - 7.5)

15-Feb-2024
Result: Platelet count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	190	(Range: 150 - 400)

15-Feb-2024
Result: Serum potassium*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.6 mmol/L	(Range: 3.5 - 5.3)

15-Feb-2024
Result: Red blood cell (RBC) count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA	5.45	(Range: 4.5 - 6)

15-Feb-2024
Result: Serum sodium*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	141 mmol/L	(Range: 133 - 146)

15-Feb-2024
Result: Serum TSH level*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L	(Range: 0.4 - 4)

15-Feb-2024
Result: Serum TSH level*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Serum TSH level SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	0.58 mU/L	(Range: 0.4 - 4)

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15-Feb-2024
Result: Serum TSH level*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Serum TSH level*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum TSH level Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Total white cell count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*
Total white cell count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA 6.4 (Range: 4 - 11)

15-Feb-2024
Result: Lymphocyte count*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*
Lymphocyte count SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA 2 (Range: 1.5 - 4)

15-Feb-2024
Result: Full blood count - FBC*Specimen Id: H241662278Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Full blood count - FBC Specimen Id: H241662278Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

15-Feb-2024
Result: Liver function test*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Liver function test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Plasma C reactive protein*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood 6.9 mg/L (No range available)

15-Feb-2024
Result: Plasma C reactive protein*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C241662278SPECIMEN TYPE: Blood 6.9 mg/L (No range available)

15-Feb-2024
Result: Plasma C reactive protein*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Plasma C reactive protein*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Biochemical test*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Haematocrit*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*
Abnormal
Haematocrit SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA **0.522** **(Range: 0.4 - 0.52)**

15-Feb-2024
Result: Basophil count, 0*SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H241662278SPECIMEN TYPE: EDTA 0 (No range available)

15-Feb-2024
Result: Acute kidney injury warning stage*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C241662278SPECIMEN TYPE: Blood (No range available)

15-Feb-2024
Result: Acute kidney injury warning stage*Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

15-Feb-2024
Result: Total cholesterol:HDL ratio*SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*
Total cholesterol:HDL ratio SPECIMEN ID: C241662278SPECIMEN TYPE: Blood 4.2 (No range available)

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15-Feb-2024
Result: Total cholesterol:HDL ratio *SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

Total cholesterol:HDL ratio SPECIMEN ID: C241662278SPECIMEN TYPE: Blood	4.2	(No range available)

15-Feb-2024
Result: Total cholesterol:HDL ratio *Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

15-Feb-2024
Result: Total cholesterol:HDL ratio *Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Total cholesterol:HDL ratio Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

15-Feb-2024
Result: GFR calculated abbreviated MDRD adj for African Americ orign *SPECIMEN ID: C241662278SPECIMEN TYPE: Blood*

GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C241662278SPECIMEN TYPE: Blood		(No range available)

15-Feb-2024
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: C241662278SPECIMEN TYPE: Blood> 60*

GFR calculated abbreviated MDRD SPECIMEN ID: C241662278SPECIMEN TYPE: Blood> 60		(No range available)

15-Feb-2024
Result: GFR calculated abbreviated MDRD adj for African Americ orign *Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

15-Feb-2024
Result: GFR calculated abbreviated MDRD *Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

GFR calculated abbreviated MDRD Specimen Id: C241662278Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

14-Feb-2024 Mrs Lorraine Cunningham
Result: BCSP faecal occult blood test normal *SPECIMEN ID: SPECIMEN TYPE: Negative*

BCSP faecal occult blood test normal SPECIMEN ID: SPECIMEN TYPE: Negative		(No range available)

14-Feb-2024
Result: Bowel Cancer Screening Result *Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Bowel Cancer Screening Result Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

27-Dec-2023 Dr Smaira Ali
Result: Oxygen saturation at periphery 97 % *<c>T36.7*

Oxygen saturation at periphery 97 % <c>T36.7	97 %	(No range available)

14-Dec-2023
Result: Serum creatinine *SPECIMEN ID: C231523856SPECIMEN TYPE: Blood*

Serum creatinine SPECIMEN ID: C231523856SPECIMEN TYPE: Blood	65 umol/L	(Range: 62 - 106)

14-Dec-2023
Result: Eosinophil count *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Eosinophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.25	(No range available)

14-Dec-2023
Result: Haemoglobin estimation *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	174 g/L	(Range: 130 - 180)

14-Dec-2023
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	31.7 pg	(Range: 27 - 32)

14-Dec-2023
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	341 g/L	(Range: 320 - 360)

14-Dec-2023
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	93.1 fL	(Range: 85 - 105)

14-Dec-2023
Result: Monocyte count *SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA	0.5	(Range: 0.2 - 0.8)

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14-Dec-2023
Result: Neutrophil count*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 4.4 (Range: 2 - 7.5)

14-Dec-2023
Result: Platelet count*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 199 (Range: 150 - 400)

14-Dec-2023
Result: Serum potassium*SPECIMEN ID: C231523856SPECIMEN TYPE: Blood*
Serum potassium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood 5 mmol/L (Range: 3.5 - 5.3)

14-Dec-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Red blood cell (RBC) count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 5.49 (Range: 4.5 - 6)

14-Dec-2023
Result: Serum sodium*SPECIMEN ID: C231523856SPECIMEN TYPE: Blood*
Serum sodium SPECIMEN ID: C231523856SPECIMEN TYPE: Blood 140 mmol/L (Range: 133 - 146)

14-Dec-2023
Result: Total white cell count*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Total white cell count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 7.4 (Range: 4 - 11)

14-Dec-2023
Result: Lymphocyte count*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Lymphocyte count SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 2.3 (Range: 1.5 - 4)

14-Dec-2023
Result: Full blood count - FBC*Specimen Id: H231523856Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Full blood count - FBC Specimen Id: H231523856Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

14-Dec-2023
Result: Plasma fasting glucose level*SPECIMEN ID: C231523856SPECIMEN TYPE: Fluoride Oxalate*
Plasma fasting glucose level SPECIMEN ID: C231523856SPECIMEN TYPE: Fluoride Oxalate 5.5 mmol/L (Range: 3.3 - 5.8)

14-Dec-2023
Result: Plasma fasting glucose level*Specimen Id: C231523856Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma fasting glucose level Specimen Id: C231523856Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

14-Dec-2023
Result: Biochemical test*Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

14-Dec-2023
Result: Haematocrit*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 0.511 (Range: 0.4 - 0.52)

14-Dec-2023
Result: Basophil count, 0*SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H231523856SPECIMEN TYPE: EDTA 0 (No range available)

14-Dec-2023
Result: Acute kidney injury warning stage*SPECIMEN ID: C231523856SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C231523856SPECIMEN TYPE: Blood (No range available)

14-Dec-2023
Result: Acute kidney injury warning stage*Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

14-Dec-2023 Dr Doc Man
Result: Blood sample -> Biochem Lab
Blood sample -> Biochem Lab (No range available)

14-Dec-2023 Dr Doc Man
Result: Blood sample -> Haematol Lab
Blood sample -> Haematol Lab (No range available)

14-Dec-2023
Result: GFR calculated abbreviated MDRD adj for African Americ orign*SPECIMEN ID: C231523856SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C231523856SPECIMEN TYPE: Blood (No range available)

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14-Dec-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: C231523856SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C231523856SPECIMEN TYPE: Blood> 60 (No range available)

14-Dec-2023
Result: GFR calculated abbreviated MDRD adj for African Americ orign*Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

14-Dec-2023
Result: GFR calculated abbreviated MDRD*Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD Specimen Id: C231523856Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

21-Nov-2023 Miss Louise Kerrigan
Result: Blood sample -> Microbiol Lab<c>
Blood sample -> Microbiol Lab <c> (No range available)

20-Nov-2023
Result: Faecal elastase 1 level*SPECIMEN ID: C231467097SPECIMEN TYPE: Faeces*
Faecal elastase 1 level SPECIMEN ID: C231467097SPECIMEN TYPE: Faeces 320 ug/g (Range: 200 - 1000)

20-Nov-2023
Result: Faecal elastase 1 level*Specimen Id: C231467097Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Faecal elastase 1 level Specimen Id: C231467097Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

23-Oct-2023 Dr Fatma Zaidan
Result: Oxygen saturation at periphery 97 %<c>
Oxygen saturation at periphery 97 % <c> 97 % (No range available)

11-Oct-2023
Result: Serum albumin*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 40 g/L (Range: 35 - 50)

11-Oct-2023
Result: Serum albumin*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 40 g/L (Range: 35 - 50)

11-Oct-2023
Result: Serum alkaline phosphatase*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 99 U/L (Range: 30 - 130)

11-Oct-2023
Result: Serum alkaline phosphatase*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 99 U/L (Range: 30 - 130)

11-Oct-2023
Result: Serum calcium*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 2.32 mmol/L (Range: 2.1 - 2.55)

11-Oct-2023
Result: Serum calcium*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum calcium SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 2.32 mmol/L (Range: 2.1 - 2.55)

11-Oct-2023
Result: Corrected serum calcium level*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 2.31 mmol/L (Range: 2.1 - 2.55)

11-Oct-2023
Result: Corrected serum calcium level*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Corrected serum calcium level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 2.31 mmol/L (Range: 2.1 - 2.55)

11-Oct-2023
Result: Eosinophil count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0.17 (No range available)

11-Oct-2023
Result: Haemoglobin estimation*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 172 g/L (Range: 130 - 180)

11-Oct-2023
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 31.3 pg (Range: 27 - 32)

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11-Oct-2023
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 351 g/L (Range: 320 - 360)

11-Oct-2023
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Mean corpuscular volume (MCV) SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 89.2 fL (Range: 85 - 105)

11-Oct-2023
Result: Monocyte count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0.5 (Range: 0.2 - 0.8)

11-Oct-2023
Result: Neutrophil count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 3.6 (Range: 2 - 7.5)

11-Oct-2023
Result: Platelet count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 225 (Range: 150 - 400)

11-Oct-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Red blood cell (RBC) count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 5.5 (Range: 4.5 - 6)

11-Oct-2023
Result: Serum total protein*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 69 g/L (Range: 60 - 80)

11-Oct-2023
Result: Serum total protein*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum total protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 69 g/L (Range: 60 - 80)

11-Oct-2023
Result: Serum total protein*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Serum total protein*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum total protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Serum TSH level*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 0.51 mU/L (Range: 0.4 - 4)

11-Oct-2023
Result: Serum TSH level*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Serum TSH level SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 0.51 mU/L (Range: 0.4 - 4)

11-Oct-2023
Result: Serum TSH level*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Serum TSH level*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum TSH level Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Total white cell count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Total white cell count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 6.8 (Range: 4 - 11)

11-Oct-2023
Result: Lymphocyte count*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Lymphocyte count SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 2.4 (Range: 1.5 - 4)

11-Oct-2023
Result: Bone profile*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Bone profile*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Bone profile Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

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11-Oct-2023
Result: Full blood count - FBC*Specimen Id: H231376271Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Full blood count - FBC Specimen Id: H231376271Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Plasma fasting glucose level*SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate **6.6 mmol/L** **(Range: 3.3 - 5.8)**

11-Oct-2023
Result: Plasma fasting glucose level*SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate*
Abnormal
Plasma fasting glucose level SPECIMEN ID: C231376271SPECIMEN TYPE: Fluoride Oxalate **6.6 mmol/L** **(Range: 3.3 - 5.8)**

11-Oct-2023
Result: Plasma fasting glucose level*Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

11-Oct-2023
Result: Plasma fasting glucose level*Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal
Plasma fasting glucose level Specimen Id: C231376271Specimen Type: Fluoride OxalateNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal (No range available)

11-Oct-2023
Result: Plasma viscosity*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA Spun*
Plasma viscosity SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA Spun 1.7 (Range: 1.5 - 1.72)

11-Oct-2023
Result: Plasma viscosity*Specimen Id: H231376271Specimen Type: EDTA SpunNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma viscosity Specimen Id: H231376271Specimen Type: EDTA SpunNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Plasma C reactive protein*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 5 mg/L (No range available)

11-Oct-2023
Result: Plasma C reactive protein*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C231376271SPECIMEN TYPE: Blood 5 mg/L (No range available)

11-Oct-2023
Result: Plasma C reactive protein*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Plasma C reactive protein*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Protein electrophoresis*SPECIMEN ID: C231376271SPECIMEN TYPE: Blood*
Protein electrophoresis SPECIMEN ID: C231376271SPECIMEN TYPE: Blood (No range available)

11-Oct-2023
Result: Protein electrophoresis*Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Protein electrophoresis Specimen Id: C231376271Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Haematocrit*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0.49 (Range: 0.4 - 0.52)

11-Oct-2023
Result: Basophil count, 0*SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA*
Basophil count, 0 SPECIMEN ID: H231376271SPECIMEN TYPE: EDTA 0 (No range available)

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11-Oct-2023
Result: Urine: Bence ***** protein *SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine*
Urine: Bence ***** protein SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine (No range available)

11-Oct-2023
Result: Urine: Bence ***** protein *Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urine: Bence ***** protein Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Urine protein/creatinine ratio *SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine*
Urine protein/creatinine ratio SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine 6 mg/mmol (No range available)

11-Oct-2023
Result: Urine protein/creatinine ratio *SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine*
Urine protein/creatinine ratio SPECIMEN ID: C231376310 SPECIMEN TYPE: Urine 6 mg/mmol (No range available)

11-Oct-2023
Result: Urine protein/creatinine ratio *Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urine protein/creatinine ratio Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023
Result: Urine protein/creatinine ratio *Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Urine protein/creatinine ratio Specimen Id: C231376310 Specimen Type: Urine Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Oct-2023 Mrs Helen Connelly
Result: Blood sample -> Biochem Lab <c>
Blood sample -> Biochem Lab <c> (No range available)

11-Oct-2023 Mrs Helen Connelly
Result: Blood sample -> Biochem Lab <c>
Blood sample -> Biochem Lab <c> (No range available)

11-Oct-2023 Mrs Helen Connelly
Result: Blood sample -> Haematol Lab <c>
Blood sample -> Haematol Lab <c> (No range available)

11-Oct-2023 Mrs Helen Connelly
Result: Blood sample -> Haematol Lab <c>
Blood sample -> Haematol Lab <c> (No range available)

11-Oct-2023 Mrs Helen Connelly
Result: Blood sample -> Biochem Lab <c>
Blood sample -> Biochem Lab <c> (No range available)

18-Sept-2023 Miss Louise Kerrigan
Result: Blood sample -> Haematol Lab <c>
Blood sample -> Haematol Lab <c> (No range available)

18-Sept-2023 Miss Louise Kerrigan
Result: Blood sample -> Biochem Lab <c>
Blood sample -> Biochem Lab <c> (No range available)

18-Sept-2023 Dr Smaira Ali
Result: Oxygen saturation at periphery 97 % <c>
Oxygen saturation at periphery 97 % <c> 97 % (No range available)

18-Sept-2023
Result: Serum albumin *SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood 38 g/L (Range: 35 - 50)

18-Sept-2023
Result: Serum alkaline phosphatase *SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood 122 U/L (Range: 30 - 130)

18-Sept-2023
Result: Serum alanine aminotransferase level *SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood*
Serum alanine aminotransferase level SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood 21 U/L (Range: 5 - 55)

18-Sept-2023
Result: Serum total bilirubin level *SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: C231324141 SPECIMEN TYPE: Blood 11 umol/L (No range available)

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18-Sept-2023
Result: Serum calcium*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Serum calcium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.14 mmol/L	(Range: 2.1 - 2.55)

18-Sept-2023
Result: Corrected serum calcium level*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Corrected serum calcium level SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	2.16 mmol/L	(Range: 2.1 - 2.55)

18-Sept-2023
Result: Serum creatinine*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Serum creatinine SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	68 umol/L	(Range: 62 - 106)

18-Sept-2023
Result: Eosinophil count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Eosinophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.26	(No range available)

18-Sept-2023
Result: Haemoglobin estimation*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Haemoglobin estimation SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	167 g/L	(Range: 130 - 180)

18-Sept-2023
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	30.8 pg	(Range: 27 - 32)

18-Sept-2023
Result: Mean corpusc. Hb. conc. (MCHC)*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	337 g/L	(Range: 320 - 360)

18-Sept-2023
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Mean corpuscular volume (MCV) SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	91.2 fL	(Range: 85 - 105)

18-Sept-2023
Result: Monocyte count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Monocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.8	(Range: 0.2 - 0.8)

18-Sept-2023
Result: Neutrophil count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Neutrophil count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.2	(Range: 2 - 7.5)

18-Sept-2023
Result: Platelet count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Platelet count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	200	(Range: 150 - 400)

18-Sept-2023
Result: Serum potassium*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	5 mmol/L	(Range: 3.5 - 5.3)

18-Sept-2023
Result: Red blood cell (RBC) count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Red blood cell (RBC) count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	5.41	(Range: 4.5 - 6)

18-Sept-2023
Result: Serum sodium*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	139 mmol/L	(Range: 133 - 146)

18-Sept-2023
Result: Total white cell count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Total white cell count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	8.3	(Range: 4 - 11)

18-Sept-2023
Result: Lymphocyte count*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Lymphocyte count SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	2	(Range: 1.5 - 4)

18-Sept-2023
Result: Bone profile*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Bone profile Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

18-Sept-2023
Result: Full blood count - FBC*Specimen Id: H231324141Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Full blood count - FBC Specimen Id: H231324141Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

18-Sept-2023
Result: Liver function test*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Liver function test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

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18-Sept-2023
Result: Plasma C reactive protein*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*
Abnormal

Plasma C reactive protein SPECIMEN ID: C231324141SPECIMEN TYPE: Blood	**40.6 mg/L**	**(No range available)**

18-Sept-2023
Result: Plasma C reactive protein*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal*
Abnormal

Plasma C reactive protein Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: Abnormal		(No range available)

18-Sept-2023
Result: Biochemical test*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Biochemical test Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

18-Sept-2023
Result: Haematocrit*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Haematocrit SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0.494	(Range: 0.4 - 0.52)

18-Sept-2023
Result: Basophil count, 0*SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA*

Basophil count, 0 SPECIMEN ID: H231324141SPECIMEN TYPE: EDTA	0	(No range available)

18-Sept-2023
Result: Acute kidney injury warning stage*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

Acute kidney injury warning stage SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		(No range available)

18-Sept-2023
Result: Acute kidney injury warning stage*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

Acute kidney injury warning stage Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

18-Sept-2023
Result: GFR calculated abbreviated MDRD adj for African Americ orign*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood*

GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C231324141SPECIMEN TYPE: Blood		(No range available)

18-Sept-2023
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: C231324141SPECIMEN TYPE: Blood> 60*

GFR calculated abbreviated MDRD SPECIMEN ID: C231324141SPECIMEN TYPE: Blood> 60		(No range available)

18-Sept-2023
Result: GFR calculated abbreviated MDRD adj for African Americ orign*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

18-Sept-2023
Result: GFR calculated abbreviated MDRD*Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*

GFR calculated abbreviated MDRD Specimen Id: C231324141Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:		(No range available)

09-Jun-2023 Ms Sally Holden
Result: Computerised tomograph scan*CT head - no acute abnormality found*

Computerised tomograph scan CT head - no acute abnormality found		(No range available)

25-Mar-2022 Mrs Jayne Cameron
Result: Oxygen saturation at periphery 99 %*temp 36.3 <c>Pulse 87bpm. Thumb is tender and more swollen than last week, it feels soft and spongey,no tracking into his hand. He has a cold at the moment but otherwise well. He takes a daily LFT which is negative.*

Oxygen saturation at periphery 99 % temp 36.3 <c>Pulse 87bpm. Thumb is tender and more swollen than last week, it feels soft and spongey,no tracking into his hand. He has a cold at the moment but otherwise well. He takes a daily LFT which is negative.	99 %	(No range available)

03-Mar-2022 Mrs Jayne Cameron
Result: Oxygen saturation at periphery 98 %*temp 36.5 <c>Pulse 97bpm. Palpable cervical lymph nodes. Thumb on right hand has a wound on pulp of thumb, this is tender, redness in surrounding skin and some tracking into palm of hand.*

Oxygen saturation at periphery 98 % temp 36.5 <c>Pulse 97bpm. Palpable cervical lymph nodes. Thumb on right hand has a wound on pulp of thumb, this is tender, redness in surrounding skin and some tracking into palm of hand.	98 %	(No range available)

23-Dec-2021
Result: Quantitative faecal immunochemical test*SPECIMEN ID: C218952395SPECIMEN TYPE: Faeces*

Quantitative faecal immunochemical test SPECIMEN ID: C218952395SPECIMEN TYPE: Faeces	21	(No range available)

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23-Dec-2021
Result: Quantitative faecal immunochemical test *Specimen Id: C218952395 Specimen Type: Faeces Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Quantitative faecal immunochemical test Specimen Id: C218952395 Specimen Type: Faeces Number of Test(s): 1 Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

23-Dec-2021 Mrs Helen Connelly
Result: Blood sample -> Biochem Lab *<c> fit sample*
Blood sample -> Biochem Lab <c> fit sample (No range available)

22-Dec-2021
Result: Serum albumin *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum albumin SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 39 g/L (Range: 35 - 50)

22-Dec-2021
Result: Serum alkaline phosphatase *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum alkaline phosphatase SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 125 U/L (Range: 30 - 130)

22-Dec-2021
Result: Serum alanine aminotransferase level *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum alanine aminotransferase level SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 26 U/L (Range: 5 - 55)

22-Dec-2021
Result: Serum total bilirubin level *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum total bilirubin level SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 12 umol/L (No range available)

22-Dec-2021
Result: Serum calcium *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum calcium SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 2.35 mmol/L (Range: 2.1 - 2.55)

22-Dec-2021
Result: Corrected serum calcium level *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Corrected serum calcium level SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 2.36 mmol/L (Range: 2.1 - 2.55)

22-Dec-2021
Result: Serum creatinine *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum creatinine SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 83 umol/L (Range: 62 - 106)

22-Dec-2021
Result: Eosinophil count *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Eosinophil count SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 0.29 (No range available)

22-Dec-2021
Result: Haemoglobin estimation *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Haemoglobin estimation SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 171 g/L (Range: 130 - 180)

22-Dec-2021
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 31.6 pg (Range: 27 - 32)

22-Dec-2021
Result: Mean corpusc. Hb. conc. (MCHC) *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Mean corpusc. Hb. conc. (MCHC) SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 349 g/L (Range: 320 - 360)

22-Dec-2021
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Mean corpuscular volume (MCV) SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 90.5 fL (Range: 85 - 105)

22-Dec-2021
Result: Monocyte count *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Monocyte count SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 0.7 (Range: 0.2 - 0.8)

22-Dec-2021
Result: Neutrophil count *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Neutrophil count SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 4.1 (Range: 2 - 7.5)

22-Dec-2021
Result: Platelet count *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Platelet count SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 218 (Range: 150 - 400)

22-Dec-2021
Result: Serum potassium *SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood*
Serum potassium SPECIMEN ID: C218949331 SPECIMEN TYPE: Blood 4.5 mmol/L (Range: 3.5 - 5.3)

22-Dec-2021
Result: Red blood cell (RBC) count *SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA*
Red blood cell (RBC) count SPECIMEN ID: H218949331 SPECIMEN TYPE: EDTA 5.42 (Range: 4.5 - 6)

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22-Dec-2021
Result: Serum sodium*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood*
Serum sodium SPECIMEN ID: C218949331SPECIMEN TYPE: Blood 140 mmol/L (Range: 133 - 146)

22-Dec-2021
Result: Serum TSH level*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood*
Serum TSH level SPECIMEN ID: C218949331SPECIMEN TYPE: Blood 0.59 mU/L (Range: 0.4 - 4)

22-Dec-2021
Result: Serum TSH level*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Serum TSH level Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Total white cell count*SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA*
Total white cell count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 7.6 (Range: 4 - 11)

22-Dec-2021
Result: Lymphocyte count*SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA*
Lymphocyte count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 2.5 (Range: 1.5 - 4)

22-Dec-2021
Result: Bone profile*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Bone profile Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 2Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Full blood count - FBC*Specimen Id: H218949331Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Full blood count - FBC Specimen Id: H218949331Specimen Type: EDTANumber of Test(s): 13Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Liver function test*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Liver function test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 4Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Plasma C reactive protein*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood*
Plasma C reactive protein SPECIMEN ID: C218949331SPECIMEN TYPE: Blood 7 mg/L (No range available)

22-Dec-2021
Result: Plasma C reactive protein*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Plasma C reactive protein Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Biochemical test*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Biochemical test Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: Haematocrit*SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA*
Haematocrit SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 0.49 (Range: 0.4 - 0.52)

22-Dec-2021
Result: Basophil count*SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA*
Basophil count SPECIMEN ID: H218949331SPECIMEN TYPE: EDTA 0.1 (No range available)

22-Dec-2021
Result: Acute kidney injury warning stage*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood*
Acute kidney injury warning stage SPECIMEN ID: C218949331SPECIMEN TYPE: Blood (No range available)

22-Dec-2021
Result: Acute kidney injury warning stage*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Acute kidney injury warning stage Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: GFR calculated abbreviated MDRD adj for African Americ orign*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood*
GFR calculated abbreviated MDRD adj for African Americ orign SPECIMEN ID: C218949331SPECIMEN TYPE: Blood (No range available)

22-Dec-2021
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: C218949331SPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: C218949331SPECIMEN TYPE: Blood> 60 (No range available)

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22-Dec-2021
Result: GFR calculated abbreviated MDRD adj for African Americ orign*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD adj for African Americ orign Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021
Result: GFR calculated abbreviated MDRD*Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
GFR calculated abbreviated MDRD Specimen Id: C218949331Specimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

22-Dec-2021 Mrs Helen Connelly
Result: Blood sample -> Biochem Lab<c>
Blood sample -> Biochem Lab <c> (No range available)

22-Dec-2021 Mrs Helen Connelly
Result: Blood sample -> Haematol Lab<c>
Blood sample -> Haematol Lab <c> (No range available)

06-Dec-2021 Miss Lynn Sievwright
Result: Sample obtained<c>
Sample obtained <c> 0 (No range available)

18-Oct-2021 Mrs Caroline McFarlane
Result: Sample obtained<c>
Sample obtained <c> 0 (No range available)

03-Dec-2020 Mrs Valerie Dempster
Result: Sample obtained<c>
Sample obtained <c> 0 (No range available)

12-Jun-2019 Mrs Valerie Dempster
Result: BCSP faecal occult blood test normal*SPECIMEN ID: SPECIMEN TYPE: Negative*
BCSP faecal occult blood test normal SPECIMEN ID: SPECIMEN TYPE: Negative (No range available)

12-Jun-2019
Result: Bowel Cancer Screening Result*Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag:*
Bowel Cancer Screening Result Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Reviewer comment: Abnormal/Normal Flag: (No range available)

04-Mar-2015 Mrs Mary Summers
Result: Electroencephalography*NON TYPICAL EVENT*
Electroencephalography NON TYPICAL EVENT (No range available)

23-Jun-2014 Mrs Mary Summers
Result: EEG normal
EEG normal (No range available)

02-Apr-1986 Mrs Mary Summers
Result: Diagnostic fibreoptic endoscopic exam of upper GI tract
Diagnostic fibreoptic endoscopic exam of upper GI tract (No range available)

22-Nov-1983 Mrs Mary Summers
Result: Diagnostic fibreoptic endoscopic exam of upper GI tract
Diagnostic fibreoptic endoscopic exam of upper GI tract (No range available)

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Other Items

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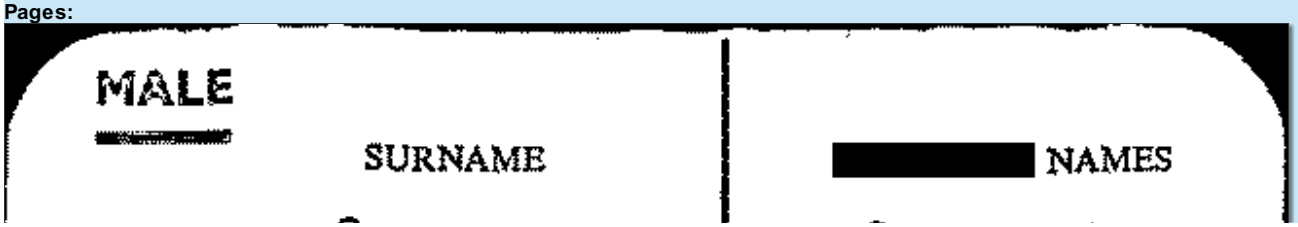
Attachments

Scanned Document
21-May-2026 ANDREA.TODD
Additional: Scanned Document

Filename: rbd.PDF
Extension:.tif
Pages:



BEATTIE | ROBERT

ADDRESS 162 Carlisle Rd | Date of Birth 19 5 58

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
b.3.85	C	Recorded by will Occ pain	
		Nausea No vomiting	
		Rx Halcion 0.25mg x30	
		-discussed, told last prescription	
2/4/85		I (4)	
30/4/85		I (4)	
28/5/85		I (4)	
9/10/85		HV 2/52 again given (C32)	
		(C32)	
23/10/85		I (2)	
-5 KG/100 Oz			
18/11/85		I (2)	
		Still Sofren. in (R) knee	
		Rx Cx recurs &	
		worsley again	
20 11 85		Seklix when eg	
		Ocalin during	
		Tsi Menstrual - P If Hallmarks	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

FORM G.P. 7 (Scotland)

8806192 400M 12/83 F. & S. Ltd.

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		- refer to breeding Unit	
		Urine -ve for alb + sugar	
		BP. 115/60	
		No 'show' - not sure	
		Denies abusing - only	
		few shandies ?!	
		Abdo. felt not - bloated	
		when he vomits !	
		Wt. 11st 8 lb	
		Urine -ve for sugar + ketone	
2/12/85		E.R. Given 10 days	
		Cream - Fusidic Acid and	
		Oil - Neosporin	
		Ointment	
16/12/85		E.R. Full Blood Count	
		Urine + Sugar.	
		Also stool culture.	
19/12/86		E.R. Day Pattern + £20	
27-1-86		28/1	
		Still epigastric pain	
		to GP 2 days ago treated	
		Occ vomiting ods - also loose	
		Re-refer	
		Request vasectomy (Ladies)	
		→ Refer	
3.2.86		Small segment present	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

Urine Pulchulus following vomiting
w/ temp.

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MALE SURNAME [redacted] NAMES

ADDRESS 17 Clarence Cres

Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
25/6/87		DHC + GO	
		Trugel 0·25g + GO Tablets	
16/7/87		ditto	
3/8/87		ditto	
11 AUG 1987		Left knee -	
		draining 3 triamcinolone sorts.	
		Advised.	
17/9/87		DHC + GO	
		Trugel 0·25g + GO	
19/10/87		ditto DHC + GO (1)	
		Trugel 0·25g + GO (2)	
13 Nov		(1) (2) - Adv to reduce gradually	
		Don't re reversed ✓	DRI
		y vasectomy	
		STATES HE LOST	PRESCRIPT
		(1) (2) Repeat	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		Stolen he lost prescription + informed	
		Police — Police contacted + they have	
		no note of being so informed	
		Prescription denied	
11/12/87		D/FC + GO	
		Tinglan 0 cm + GO	
		Parnod — D + 200ml	
16/12/87		To Chest [redacted]	
		Weight 0 cm + GO	
		Have taken into [illegible]	
15/1/88		(D) + (D)	
5.2.88		(D)	
		to be seen	
12/2/88		(D) + (D)	
		WHEN NEXT SEEN - check if he wants	
		specific imaging follow up appt.	
11 3 88		(D) - (D)	
		Expression of concern -	
		bleeding.	
		SEE NOTE in LETTER	10/2/88

In C of Column, which is for cases of certified incapacity only, practitioners

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... should enter C for first certificate, and F for final certificate. LOST - REFUSED
9/4/87 (1 & 2) REPLACEMENT

MALE | SURNAME BEATTIE | [redacted] NAMES ROBERT

ADDRESS | Date of Birth 15 5 58

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
11-7-86		[redacted] ... 4/52 ago ... developed ... over body ... stopped ... still ...	
		R. Rubella ...	
24.10.86		... Tender ...	
		...	
		...	
		...	
7.11.86		...	
		...	
		...	
30/12/86		Tot Cholesterol	+ 100.
		Tot Triglyc. 0.21	+ 30
March 87 (45)		SOT NOTE from Surgeons + discuss options ... med-consultation ...	
		Drug address ...	

* In C.F. Column, which is for cases of certified incapacity only, practitioners

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should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

8926039 11/85 R.P. (53791)

DATE	C F	CLINICAL NOTES	DIAGNOSIS
27.3.80		SOL F/o pain in groin R/o pre-eclampsia +ve Trazodone 0.25 x 30	
8 APR 1980		Trazodone 25mg 30 (Taking 2) ① Dihydrocodeine 40 (Short term) ②	
25.4.80		R ① ② Dil c Dermovate DF118 Denies dumping Problem c wife leaving home c children. c husband	
12/5/80		Discharge o/c ① John Isaac Jackson 9 weeks 2 cans 7 Fyfe → Dr for Oncology Date + 60 Trazodone 0.2175 + 60 ÷ 11 weeks	
13/5/80		[redacted] Referred to police Not Date c Trazodone	

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16/5/87	NS	Dihydrocodeine 30 40	1 or 11 stat

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

10.6.87 Seen in Clinic for removal of sutures. Wound well healed. Sutures removed. 40 Tablets DFL

SURNAME [redacted] BEATTIE

NAMES [redacted] Robert

ADDRESS 3 Findlow Tce.

Date of Birth 19 05 58

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
4.5.84	NS	On wtl for removal of stitch sinus. A clinic appt will be sent for him to attend Prof Cuschieri's clinic in next few weeks.	
- 1 JUN 1984		Cert Done 2/6. Dr Beighton (B Jones	
28.6.84	C 4wks	Feet better. Healing forwards Seen by Sen Reg Assistant Re-suture eye + is on way.	
26.7.84	C 4wks	Hands feet + legs improving after shower Phone recording. Feeling well. Board Form repeat → Ext 2320 Ward Sec.	
1.8.84	WS	Confirmed on WL for 31/5 For Femoral Vagotomy + [illegible]	

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Scratching sensation of chest & breasts

* In C.F. [redacted] which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

P.P.L., 53-ST-4268, 12/82

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
22/8/84		I(4)	
29/8/84		ICT Projection	
17 OCT 1984	C4		
11-9-84	C	Acute 14/11	
	Locum	Tenancies	
		Oke consulting.	
11-19-84	C4		Pancreatitis
7/1/85		I(4) Perforation test 120	
		Allergies Penicillin	
	100	Prac Inv Ob.	
4.2.85	C	Feeling sense of tremor	
	Locum	in calves	
		Very tender	
		States he is waiting for	
		wound for further Op.	
		Vomiting not so bad	
		Check WL. off & urgent	Francis
		of change of address	Still on WL +
		200 in Day Chem	Wound known as

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		3) Helex 0·25	new address
			Accident Enquiry

PR-Ext — F-Recovered from employer

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

11/2/83 States he was been working part-time + finished 27/12 - This was without any knowledge or permission

MALE SURNAME: Balfe — CHRISTIAN NAMES: Robert

ADDRESS: 3 Farlow Tce — Date of Birth: 19 5 58

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
3/3/83		Re Complaint	
		Pain + Tenderness	
		Lower Back	
		Radiating To Posterior	
		+ Lateral Aspect	
		+ Thigh	
14/3/83	C	Examined, radiograph	provisionally
		Use other card	
2/8/83		F(4)	Coccydynia
1/9/83		F(4)	
27.9.83	C was	advised 27/9.	
		300 ml Mixture	
26.10.83	NS	Bowel funct	

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20/10/83	IR	
	Op Burton Co.	
29/2/84	IV/ Perform Pain	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

P.P.L., 53-2977, 3/82

Patients address

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
28.1.84	C	Routine admission for	
	4 wks	Inj - pens	
		3d [redacted] DI 25mg	
6/2/84	V	Op " " "	
		Amoxil 250 x 28	nat
16.2.84	NS	Bowels Open	
13/3/84	C	dated 12/3	
	4 wks	Still routine admission	
		Still vomiting	
		? gel on bowels c Dig	
		if no bowel recovered w/in	
6.4.84	C	dated 9/4	
	4 wks	See Frances to phone Dept.	
		Chest Path Report → Pend	
3.5.84	C	dated 7/5.	
	4 wks	7 Routine admission for	
		treatment of ad hernia o	
		discharged	
		[redacted] 10 st 6 lb.	

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		Onset 36 - 38 · Mass 3	
		10 A/I ?	
		Ind Class C recommendation	
		for reconsideration in a year	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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MALE SURNAME BEATTIE | [redacted] NAMES ROBERT

ADDRESS | Date of Birth

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
5-11-88		SHO Lower Lumbar Pain assoc. R sciatica Request Discol - refused R Radical (30) Right N/W	
2/11/92		Under discol referral. Undergone L5/S1 Lamx and OFLS + Lamx to use Has been on anxiol still complains of Lumbar Pain & Sciatica	
3/12/92		NAD Spinal exam - Loss of Jan & Discomf +30 use of strength	Folder

9/12/82	Lost bottle of pus -	
	Please give by mistake.	
	Mr Dewar 730.	
	Again Mrs Lee	
	Mon 2 told be alive	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — No more visits — Form G.P. 7 (Scotland)

P.H.P., 53-2785, 6/80

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/11/82		(I) Tab Synacthen 1/4 mg + 40	
17/1/83		I 40, Tab Synacthen + 50	
15-2-83	C	4/52 * Pancreatitis	
		1983 04	
		See other card.	
		Motilium 60.	
		LAST REPORT Sept	Dec 1982
		? ON WAITING LIST.	
6.5.83	C	Still over with results	
	WS	No any reports	
		Lanoline + 4-hydrocortisone	
		pain. Diarrhoea	
	X	Bruce to phone 11/12	
		Motilium 60	
		Paracetamol 60	
25.5.83	WS	Bone trans	
	C	Rpt 3/1	

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5 L 5 83	L	H pot 3/6
	Lucas	- chem 3/6
		Cerviga convey asymptomi
		Normalcy effd for more tests
		Advised to return agains
		get- return appt

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

24.6.83 VS to be arranged for me

27.8.> C Discharged c/f (VS) GP Parkside

MALE

SURNAME Patrick

[redacted] NAMES Robert

ADDRESS

Date of Birth 10 6 58

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
10 APR 1978		→ Hosp	S. Ny Epilepsy -
5/5/78		[illegible]	
19/5/78 (V)		See DGH report	
		→ Hosp	
20/4/80	A	Ca dated 7/14.	
		See DGH report -	
		[redacted] bite on (R) little finger -	
		Cefprox 500 x 21 -	
		GP	
7.7.80	NL	Paracod 118 x 30	
10.3.81		Pain at thoracic cage regn	
		worse movement.	
		Chest clear. Pain musculo	
		Rx Dorsocet Forte	

THIRD PARTY COPY

30/7/82 [illegible]

Check Control (50 ×) + 2c

[illegible]

Fetal Fat Pad

(Pelvic measure)

2nd [illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — FORM E.C. 7 (Scotland)

568257 200M 5/77 J&GH 259

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
27 Ley	C	Attended S.O.P. - Appt 20/5	
	Avec	ISO Cancellations.	
		to return for future endoscopy	
		SOO in Volunteer	
7.6.82	05	DF 1.9 given for ban ×20	
21/6/82		C/O Oedema	Pre-eclamptic
		Weight 76½	Proteinuria
		Urine ++ 25-76½	
22 JUL 1982		C/O Foetal 50 × 60.	
3 8 82		lower end of woman	
		lenter. Stitch [illegible]	
		2 cavity ulcers observed.	
		24 Flexible SOO's	

THIRD PARTY COPY

		Lo Dolobac ↑ from	
18 DEC 82		Sorry	
21/9/82		c Zomax ↑ 60	
		4 tabs bd ↑ pain	
		use cast letter	
		made 3 DR (medical)	
27 9 82	NS	Tom RMO ⇒	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

8-10-82 R. Zomax 60
c 4/52

MALE

SURNAME BEATTIE

[redacted] NAMES Robert C.

ADDRESS

Date of Birth 19 | 5 | 58

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
18 DEC 19[illegible]		7 days from 10/12.	Neck Injury.
24 D[illegible] 19[illegible]		F 30/12	
31.7.95		Dysuria ↓ frequency	
		Endocervix ⇒ VD Clinic	Urethritis
4.12.95		12 week Bandage	
		Ceclam Pumice	
		21 Erythromycin 500 mg	
		Also 7/7 oral Flucs - stop bleeds	
		See 1/52	
9.1.96	Low C	Upper sore 6/11.	
	7/7	Post coital discharge	

THIRD PARTY COPY

		~~gland~~ + weeping wound + was
		~~chemotherapy~~.
		To go to Perth today for
		part of visit but is
		~~relevant~~"
16.1.76.	C	Referred to ~~surgeon~~
	2nd	2 Feb '76. to see surgeon 20/1
5.3.76		Claims he was assaulted 21/1 [redacted]
		Bell Street. Pursued in car ~~church~~ + Perth
		Police not doing where he was treated

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD — Form E.C. 7 (Scotland)

HPW 53 - 2154 - 2/74

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Ingrowing toenail ~~+~~ eye drops.	
		Letter sent from surgeon re eye.	
		In Perth 22/1 – 26/2. Was seeing	
		Doctor in Perth every day.	
		Saw Fri 26/2 again assaulted in Bell St.	
		Unclear in notes — See Case Report.	
		Appointment 28/2	
		CLAIMS PUNCHING Claims also punching to throat	
		O/E reasonable healing abrasion	
		over ~~8~~ 10 mths in swelling.	
		Some tenderness [redacted] deep pressure	
		and movement of [redacted] eye and good.	
		No Surgery ~~+~~ 36	
10 MAR 1976		Dactylogyle Sec	
22.3.76	NS	Rec'd → Surgeon	

THIRD PARTY COPY

6/4/86.		No Chest pain for 1 week. No redness. / Sweat / Limb. o/e Tender lower ribs anteriorly. H Administration	
26/8/22		Left Pneumothorax Tab Fusion 500mg + 25 Fidelity Dermatitis infected Toenail.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

Ter ogai

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
23/3/89		(1) 2(2)	
20 4 89		(1) 2(2) Fluid warming cannula	
11/5/85		OHL 7 JV Trough 0.2 J. 7 60 see PM Co Ken. 6/5/85 2 light headed Ataxic shaky nausea on Lodine - carbon ust Fulcyn	
16/6/89		(1) 2(2) 60 60	

THIRD PARTY COPY

15/2/89	Urine —ve	BP=130/90
	for repeat pheen	
11/8/89	(1) → (2)	
8/9/89	(1) → (2)	
9/10/89	(1) x 60 (2) x 60	
1-11-89	(1) (2) [redacted]	
	[redacted]	
	→ injection D	
29/12/89	(1) → (2)	
	60 60	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

26/11/90 (1) 60 (2) 60

MALE SURNAME [redacted] NAMES

ADDRESS 17 Clover Cou

Date of Birth 19/5/38

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/5/88		(1) → (2)	
2/6/88		(1) → (2)	
30/6/88		(1) → (2)	
[illegible]		(1) → (2)	
		Varectomy reversal next week.	
		Advised to produce sperm sample.	
12/8/88		(1) → (2)	
8/9/88		(1) → (2)	

THIRD PARTY COPY

6 OCT 1988	D G	
3 NOV 1988	D G	
	Advised to reduce Temazepam to 1½ nocte.	
30/11/88	D 20	
23 DEC 1988	D + G	½ early – sick
26 JAN 1989	D + G	
	Temazepam gel.	(4) Tennis elbow
24289	D G ć usual advice	
	Myelal cream given for	Tennis elbow

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

53-ST-4316 200M 1/85 P.P.L. Ltd.

THIRD PARTY COPY

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1/11/90		DHC x 60	
		Tryptizol 0·1 + 50 ii nocte	
		Lorazepam + 50 nocte	
6/12/90		Ural Proprano[illegible] + 30 h	
		DHC + 60 ii daily	
		Tryptizol 0·25 + 60 ii nocte	
7/2/91		Ural 5.	
7.3.91	NS	Triazolam 0·25mg x 60 ii nocte	
		DHC x 60 ii daily	
3.4.91	NS	Triazolam 0·25mg x 60 ii nocte	
		DHC x 60 ii daily	

1/5/91	NS	DHC x 60 ii daily	
		Triazolam 0·25mg	x 60 ii nocte
31.6.91	NS	DHC x 60 ii daily	
		Triazolam 0·25mg	x 60 ii nocte
2791	NS	[redacted]	x 60 ii daily
		Triazolam 0·25mg	x 60 ii nocte
1/8/91		Epil Lamotrigine	60 tabs
		Triazolam 0·25	30 tabs
5/2/91		DHC stopped Triazolam reduced per Dr Lloyd Pearce Codeine phos	x 60 tabs x 60 tabs
		Triazolam 0·25	x 60 tabs

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE SURNAME [redacted] NAMES

ADDRESS [redacted] Date of [redacted]

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
26/2/90		[illegible]	
28/3/90		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	

THIRD PARTY COPY

7/8/90	Ibu	F 27/9/90
		60 0.0.7
		D → ⊕
11/6/90	Ibu	F 4/6/90
		to Nfk + 60 t.i.n.
		to Thyroid (Orig) + 60 t.i. weekly
11/7/90	Ibu	Nfk
27/8/90	T (4)	F 9/8/90
		Dido (Generalbon)
		Sig allowed Tonight
		cont Lefax + gtts
		without pain.
27 SEP 1990	Nfk Jones	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

Dd8178352MD 180M 8/89 R.P.(53791)

THIRD PARTY COPY

MALE

SURNAME: Beattie

NAMES: [redacted] Robert

ADDRESS: 103 Finella Tce

Date of Birth: 19 S 58

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1-10-91	NS	Co-Dydramol x 60 t.i. daily	
10/10/91		Cefa Temazepam 10mg + 60 t.i. nocte	
31/10/91		Tabs Co-Temazepam x 60.	
		R Temazepam 20mg + 60 t.i. nocte	
		Chronic pain on daily (D) Opiates	

		Cap Losec 20mg + 5 Stat	
4/11/91		Codeygesic + 60 ℥ daily	
		Cap Losec 20 for 4 21	
		Cap Ranitidine 300 + 60 ℥ daily	
9/11/92		Infect Dan	
		4 Cap Losec 20mg Gastro	
		Rec Codeygesic + Buscopan	
26-3-92		Po-Dydramol x 60 ℥ Daily	
"		Caps Temazepam 10 mg x 60 ℥ nocte	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7
(Scotland)

Dd8277092MD 2/91 R.P.(53791)

THIRD PARTY COPY

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): Beattie

Forenames (Block Letters): Robert

Address: 103 Finella Tce.

Date of Birth: 19 05 58 0037

Date	
21 JUN 2004	Not yet had [redacted] chinic. — G/F or Partner recently has had a 'chest-problem'. Sch sm plateau pain L chest chr ∝ 7–10. Home exam ∞ anxiety. Pt notes No Sm — stopped (yrs ago).
20/7/04	Resp CNS on 23/8/04. Asked if Pernelle to DNA ∝ NSAID ∫ much pain/arm. [redacted] hip op recently?
13/8/04	Reminded re appt on 23/8/04. — encouraged to take a history as he attends [redacted] him. Pt forgot. Getting mm forgetful.
16/9/04	Getting hospital appt. later this month. Repeat medication (handwritten) Note — does he need to be on ranitidine and pantoprazole?
13/10/04	Bizarre. 3–4/7 Hx of ↑ urinary ∝ dysuria. Cleared up in last. Not my responsibility → N.W. admit ✓. ?? cause.
15/10/04	Out of N.W. Sept. Had CT Scan via Brain c/n ∝ waiting ECG. In A. Admits.
10/11/04	1) MMC normal. 2) Seen appt'd ∝ (A) Urology. 3) Pt forgot.

FORM GP111M 355—2101

THIRD PARTY COPY

Date	
14/xii/04	Seen Dr. Roberts. on 30/12/04.
	rpt Script.
13/1/05	Seen Dr. Roberts – ? Still no diagnosis
	Awaiting letter.
15/3/05	Still no letter
	repeat meds
	private script sildenafil 100mg (£) ⇒ A
12 APR 2005	rpt Script. " " – ✓ (8).
11 MAY 2005	rpt Script " " " (8)
07 JUN 2005	rpt Script.
	+ describes pain/paraesthesia in RT arm for mid upper arm down. No demonstrable distribution.
	5 ? M. Valsalva ± Tx.
08 JUL 2005	rpt Script.
	Seen Kh letter Wrapp last time.
9.9.05	V. Abdominal pain + diarrhoea ??
	Last stool 3am Sat, dark brown
	Third episode recently
	P80 BP 110/65 Abdom soft, no guarding
	Tenderness Rectum PR
	[redacted] Advice
6/X/05	rpt Script & Viagra (paste)
	Seen in gout from Kh's

THIRD PARTY COPY

Printed for Astron 30623 4/03 (017302)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Beattie

Forenames (Block Letters): Robert

Address: 103 Fruella Tce.

Date of Birth: 19055 8 0032

Date	*	Clinical Notes	Diagnosis
21 APR 2003		Bloods ✓ ? Swelling on ankles. is. Jones ✓ scan ✓ is it worse? Pt remitted to Dr [redacted] ✓ Cr. + Cardiac. Resp ✓ & Peak.	
16 MAY 2003		Bloods all normal. right hip. + Tel Protium.	
13 JUN 2003	1)	Pt TCH ✓ TC + antibiotics	
	2)	Pt Chronic hep gets 22q DM Lt post accident & surgeon Rec chest ✓ chest ✓ gets ✓ Virgin meds - ? pt gets ✓ medical ✓ ✓ ✓

Date	*	Clinical Notes	Diagnosis
12/3/03		refer to N.W. re [redacted] a fortune	
		opt Dr Walker	
21.08.03		ROOF neurology	
4-9-03		Rx Sildenafil 100mg x8	
10/10/03		Dr Dimmyt for Barlow Rd.	
05 DEC 2003		Repeat meds.	
		Also sweating - ? related to	
		SNRI/Tramadol/Paroxetine - try Amitriptyline	
		Also sore throat try Locabiotal spray	
-5 JAN 2004		In NW. on 31/12 → 1/1/04	
		opt blackout in street.	
		Stick mark [redacted] on Neck.	
		No A/E since opt.	
		: review next week. to hear with A/E Letter.	
		Getting some dysphonia.	
12 JAN 2004		In view of A/E since on R/H	
		Stent fitted chemo & rev 1/52	
		note to CNS to explain Mgt	
19.01.04		letter to neurology OPC	
-2 FEB 2004		W card from N.W. Gift.	
		opt kept.	
1/3/04.		Now by Mgt CNS NW of 3/4/04.	
		Brain scan views to N.W.	
29/3/04.		Sees Neurology next wk.	
		not ill Rx.	
		Immunn not for shield.	
28/5/04	1)	Stent in for CNS Mgmt & mini str. 1.1.1	
		Letter to N.W.	
	V	opt Dx:	
10.06.04		letter to Dr Roberts.	
16/6/04	V	- For 2/7, Headache, sweats T temp, drowsy.	
		c/o pain in RUQ	
		O/E Awake, PEARL, hot to touch, sweating	

* This column has been provided for doctors to enter A, V or C at their discretion

pulse 92 reg BS 1+1+0 chest clear
abdomen - soft [redacted] tender
imp. Pyrexia of unknown origin.
Rx co-amoxiclav 500/125mg TID (5) if any worse or no better tomorrow then admit

5/2000 204722

THIRD PARTY COPY

NURSES AND HEALTH VISITORS RECORDS

National Health Service Number

Surname (Block Letters): BEATTIE

Forenames (Block Letters): ROBERT

Address

Date of Birth

Date

22 FEB 2002 Repeat script. Also (R) shoulder / arm symptoms
Try Dothiepin 25g ÷ – ii nocte x (56).
Requested brothers' script. Declined.

21 MAR 2002 Left (L) hip DJD worse lately BD (58)
opt optic + Dothiepin as ÷ – ii (58)
& Sildenafil 50g (8)

17/4/02 opt eye. + Sildenafil (8) 100

1-5-02 Had 2 blackouts at W/E — to be investigated

1/5/02 Call (visit) – story of collapsing unconscious today; vague since. 'Crawling about floor' with pain in groin. Drowsy → rousable. Speech – ?slurred. Very variable presentation – difficult to assess. At times closes eyes and seems to be sleeping. Then on my examination progressed became more responsive & alert.
O/E P 76 reg BP 100/70 Does not appear diaphoresed. Holding groin & keeps (R) leg slightly flexed at hip and knee. However power, tone & reflexes equal (L) & (R). PL +ve. PERLA. Fundoscopy limited – poor co-operation. Cranial nerves normal & eye movements normal. No nystagmus. Abdo s/f; seems tender (R) groin area. [redacted] ?Related to prev. vasectomy. Discussed. Offered admission but declined.
Try i.m. Voltarol x 75g.

17/5/02 Busy morning – CT / LP / ECG / Bloods in NW & not fwd. Anxiety ++ Try ECG.
opt opt & DJD cautions

16/6/02 Face dysmorphic traits.
opt opt. Bd bilateral → Computerised

FORM GP111M 355—2101

THIRD PARTY COPY

Date	
6/8/02	Keeping well. For rep meds DHC 30mg (Stopped) DHC Continus 60mg ½ b.d (x112) Temazepam 20mg (x28) Paroxetine 20mg (x56) Ibuprofen 400mg (x84) Ranitidine 150mg (x60) Sildenafil 100mg (x8) Private Script MLS
8/8/02	[redacted] sent to patient re Temazepam.
3/9/02	↓ temazepam to ½ nocte (x56) Rhemidic same as above. MLS
2 OCT 2002	Explicit Dr's policy. get script. Sildenafil ✓ MLS — Back at Reading.
26 NOV 2002	D/Pt to assess c/o (L phalanx pain) Advised on Voltarol to use using Virgin. Has Diabetes appointment on March 03 chest clear - will call. and HbA1c Letter get of the x.
24 DEC 2002	Rec all meds
30.01.03	letter to Welfare [redacted]
2/2/03	DNA
24/2/03	[redacted] dd Telephone - D/Pt to assess - Has appointment to Burnside. Thinks sees Respiratory, being prescribed, uses [redacted] a degree on chest Going for ex Sunday hopefully first time in months
28/2/03	Attended for COPD assessment not COPD will review in 3 wks time in view of previous history
24/3/03	spir test - result to follow. Seems Respiratory. D/Pt to assess with spirometry.

THIRD PARTY COPY

Printed for Tactica Solutions B17292 11/00 (017302)

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Beattie	Robert

CLINICAL NOTES

Address	Date of Birth
103 Fairella Tce	19 05 58 0037

Date	*	
17 NOV 2000		Complete Exam + sitting left lung, ⊗ Private Exam.
07 DEC 2000		all bkg. Been fed bk for mam & appnd.
28 DEC 2000		1 wk early. — Hb adq 6/52 f 17/11/00 & no tests. Warned re wkly dipsis if urine to be early. Next due 25/1/2001.
22 JAN 2001		Bike rec. Temazepam 2g, 84 1 hydrocortisone 1% 30g + Vagisan P.S. ⊗ 100. Dyspt Medium HE0962 ℞ mailed allergies
		+ Telfast 180.
15 DEC 2001		Bike Temazepam 2g, 28 1 hydrocortisone 1% 30g + Vagisan P.S. ⊗ 100. Felt ↓ fed down, bowel sluggish on Gaviscon. Cut back fat & [redacted]. Temazepam.
09 MAR 2001		Not right.
02 APR 2001		Thin urine. Add Pravastatin 40mg f ? dyslipidaemia refer Spinal clinic.

*This column has been provided for doctors to enter A, V or C at their discretion

Advice re O.A. chin f ? Genital Herpes.

I. MONTGOMERY MB ChB MRCGP DRCOG
COURT SURGERY
SOUTH TAY STREET
DUNDEE
01382 228228
01382 202606

FORM GP111F
355 2095

THIRD PARTY COPY

Date	
3.4.01	? rec orthopaedic (back)
27 APR 2001	[redacted] Surg + Voltarol ⓐ tds – pain
24 MAY 2001	Diclofenac ⓐ tds HD 11.47. +ripe Surg + Sildenafil 100mg.
21 JUN 2001	? Sales – Cyclo ? Mr grip strength. no new UK M3 + S
28 JUN 2001	1) See GM. chronic groin pain, new – ? Gen surgeon 2) 3 views for groin – ? refer physio. 3) Voltarol
09 JUL 2001	Hip X-ray for ? [redacted] hip not been to GU clinic – advised to go.
19 JUL 2001	Ibuprofen ⓐ tds hip ext. refer ⓐ groin Surg
13 AUG 2001	CS/n. + ripe to GUM refer Sildenafil ⓐ.
07 SEP 2001	Repeat scripts including Sildenafil (8) Med 3 S/n
-4 OCT 2001	ripe hip –
-1 NOV 2001	cortic + Pariet/Cim
	ang[illegible] refer physio – Comp phy and hip (89 yrs)
29 NOV 2001	ripe hip see GUMD
	Mr chlam for meds + Bld → Pers clinic
27/12/01	Repeat scripts + Sildenafil [redacted] x8 – private script
25 JAN 2002	Surg + to Dr re [illegible] (1w)

*This column has been provided for doctors to enter A, V or C at their discretion

THIRD PARTY COPY

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

CLINICAL NOTES

Address

Date of Birth 19 05 53

Date	*	
11.8.99		KGFGR NEURO SURGERY
31/8/99		Luke Cox next appointment.
		offered 6th at both post and next
		- attending was after - reports &
		x-r. Plan now - no SHK effects
		needs for repeat - to ring & book.
		Could not plan earlier as was often
		offered to be seen now 1.35pm but happy to
		has appt for tomorrow and will come then
2/9/99		Appointment letter sent
23 SEP 1999		1-3
		Prescription for Sildenafil 50 (8) Rx H/O IHD or nitrates
14 OCT 1999		(-)
		(4) Appointment Viagra (8). BP 120/70 H/O IHD Angina PRICS p
03 NOV 1999		[redacted]
		+ (4) Penile
		[illegible] 13/11 not [illegible]
10.11.99		Letter sent
29 NOV 1999		(-)
		[illegible] for [illegible] meds (Viagra).
		(4) prescription Sildenafil 100 (8)
17 DEC 1999		1-3.
		(4).
18 JAN 2000		NS Penile (4).

*This column has been provided for doctors to enter A, V or C at their discretion

Penile injection not done 11/2/00

FORM GP111F
355 2095

THIRD PARTY COPY

Date	*	
24 JAN 2000		Res ENT on 16/12/00
		Hearing MRI from GP
		Appt Opt UCCH
13 MAR 2000		Gen E Wks Chronic vertigo.
		(1)(2)(3).
06 APR 2000		(1)(2)(3).
		Pitymus.
		+ Nystagmus ? Ventricular on Hallpike
27 APR 2000		(1)(2)(3)
		Neurology ? mild hemiparesis
		Glycosuria
18 MAY 2000		(1)(2)(3)
		- off to Scotland for 3 wks.
		? pulsatile tinnitus in (2) rt ear.
15 JUN 2000		(1-3)
22.06.00		Letter to whom it may concern
29 JUN 2000		Next due 10/8/00
		+ Cyclizine for 2 wks.
		(1-3)
		+ Betahistine Vertigo
17 JUL 2000		(1-3) ongoing Nystagmus + Vertigo
10 AUG 2000		(1-3) + Stillnight 100, (2) Pulsatile tinnitus
		Been both these at work.
01 SEP 2000		Going on holiday for 4-5 weeks.
		Rpt (1)-(3) + Sildenafil (8) Private.
28 SEP 2000		(1-3) + (8)
26 OCT 2000		(1-3) + (8)

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO, Dd.J17460 .03/98, R.P.(53791)

THIRD PARTY COPY

National Health Service Number

Surname (Block Letters): Bentley

Forenames (Block Letters): Robert.

CLINICAL NOTES

Address: 103 Rimington Tce M4 9NE

Date of Birth: 19.05.58. 0032

Date	*	
25 SEP 1998		Dfn. 24.
		Trandate (100)
		[redacted] 3 pm 20 mg. III (84)
		Thereafter 400 mg. OD. (84)
		Cardiac: Apical + Mitral.
		Note Murmur.
29/9/98		Wound healed. Dry dressing to protect. Return if problems.
21 OCT 1998		(1-4)
17 [redacted] 1998		(1-4)
14 DEC 1998		~~Dfn~~ (1-4)
15 JAN 1999		Dfn.
19 JAN 1999		1-4
		Dm Consult Mr ETA a 2 11/2)
		Fundi
		Advise.
10 FEB 1999		1-4.
		Re refer. to physio.) (1 NSAID
		Re right thigh. — deltoid — ? ht to refer to clinic a pt
5/3/99	V	Flu symptoms with asthralgia and now headache,
		O/E NAD of note, PGALA, Fundi OK, Throat NAD,
		chest clear. ? some exacerbation Try Diclotrace plus.
		Advised strongly that this could have waited
		& he could have come tomorrow

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

THIRD PARTY COPY

Date	*	
6-3-99		DNA
7 APR 1999		1-4
		x (R) Lobster
		1 days sheet
		rev 1-2/52
28 APR 1999		1-4
		thumb walks
17 MAY 1999		x Magnum 5mg 7mg
25 MAY 1999		1-4 + Trinda on 1 tab.
310599		DEFOC DIABETIC CLINIC
		on Hydrochloric
18 JUN 1999		1-4
		[redacted]
16 JUL 1999		ph [redacted]
		Less hr 2k by from last but right
		9. Temperature, can't swallow a shiny but voice.
		Advised to see in Surg big pin but can't get mean
		[redacted] Surgical emerg Eng > + Dyspnoea - U
		[redacted] did we go to clinic.
		Diabetic Surg can't wait 5pm over RA
		Inhaled corticos & something to Surg.
		Advised to go A&E if no relief. Further info.
		— Advised Amoxil & A/Rx
18 JUL 1999		Out of N.W. Vomiting with + hum.
		+G shoulder pain.
		1 2 4. + Dysphagia
		to see neck + throat again ? Spirit [redacted]
		Yes EW7 not [redacted]
		I) to discuss Lung ? refer to [redacted] urgent airway Surgeon
		Severe high risk behaviour
- 4 AUG 1999		MS 1 22/6 - 8/7/99.
		Bloods. [illegible] not ok

*This column has been provided for doctors to enter A, V or C at their discretion

[redacted]

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THIRD PARTY COPY

National Health Service Number

Surname (Block Letters): BEATTIE

Forenames (Block Letters): ROBERT

CLINICAL NOTES

Address

Date of Birth: 190558

Date	*	
26/1/97		LETTER TO MR FOWLSTER, RCI
19 DEC 1997		Dilt (2w) Temaze 2w, (84) Thyroplasty J + other
		Recall via N.Y. – Segue if Appt Mr Fowlster & ? after Physio Jan/Feb.
15 [redacted] 1998		DNA.
17/01/98 →		DNR 2w Temaze to 84 + Sm Tumblet – dietary history Transferred Mr Mr Fowlster 13/2/98.
10 FEB 1998		Dilt + [redacted] + Temaze. Rec Mr. F. on Fri.
6 MAR 1998		Rec Mr. Fowlster Mr. Dilt (2w) Tumblet (2w) Temaze 2w, (84) C2&3 [redacted] 3
30 MAR 1998		R/v. Lett Physiotherapy (→) + Thyroplasty Temaze
22 APR 1998		Discuss arrange phc. chemo, Pt feeling better & keep Morphine. Ask pt if prepared to give chemo trial. – write back to at present. Pt says she [redacted] willing phone for more chemo trial when as you will know. Dilt 24h + [redacted] 84 ?? & Thyroplasty 84 + C2&3 (Dr Robertson) – Admit

*This column has been provided [redacted] to enter A, V or C at their discretion

FORM GP111F
355 2095

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Date	*	
21/5/98		DNE (BOC) [redacted] + 2cc Tetanus 20 + Fe [redacted] route IM/ Ciprofloxacin
18 JUN 1998		Discuss him DNE. wrong. Pt about he can't do without him Enough L [redacted] v cut down. Also Pt claims new gp Physio [redacted] C28/7 + DNE (1cc) Tetanol (0.5) Temazepam 20, (5) Ciprofloxacin 500, Trinity 1-4
19/6/98		LETTER TO NICOLA CHAPMAN, PHYSIO
16 JUL 1998		C28(7) 15/7/98 not this'.
10 AUG 1998		1) C28/7 Stable + well DNE + Tetanol + Temazepam + Ciprofloxacin. Stable weight + physio - if he back in 2/52 to write to Mr - Janis' 2) Asking Dent Wards for patient's - doesn't have right hip on notes. 3) Past injury wrist - offered but chooses to forget
7 SEP 1998		Appt sent. Pt asking about surgery. - Told can't discuss 1-4. C28/7 6/8/98 Stable + well.
18/9/98		Betadine & gelcoat gauze. TCA 3/7
21/9/98		DNA Nurse.
22/9/98		Wound enlarged, lots of granulation tissue. Bled. Bandaged today TCA 1/7
23/9/98		Terracortril & gelcoat. [redacted] 1/7
24/9/98		Looking better. Terracortril & gelcoat See 1/7

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Baxter

Forenames (Block Letters): Robert

Address: 103 Fir Tree Ln.

Date of Birth: 19 03 58

0037

Date	*	
06 JUL 1995		Dtc (2m) Temp 36, (51)
		Pt Tue wks dy hyst & bil ov hyst 5/7
02 AUG 1995		Dtc (2m) Temp 36 (52) Polycyt (94) - drinks Polycyt Lagun:
24/8/95		Pt fab Abn remains of appendix from ~ 2cm depth Otr abdo soft - no guarding Two cons times if getting worse
21 SEP 1995		Dtc 2m Temp 36, 51 Exam thro.
05 OCT 1995		1) Sth Clinic Hist wks - opinion sought 2) Pt sth hty - C/o dyspareunia
31 OCT 1995		1-3 Nil to rep. Baxter has gone off with his wife and found partner;
15 NOV 1995		Dtc. + Temp 36 (52) C2/52.
28/11/95		Pt Counselled Fitted + 36
28-11-95		Temp thro bladder Genital & Signs Abdo soft, no guarding, no tenderness

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FORM GP111F
355 2095

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Date	*	
		Advised if recurrence Flo will be to be supplied on daily basis. R. Daily pulse 80 x 3 ↑ started in Tenoret from tab 20mg ×7.
15 DEC 1995		H/T Ward Jones in N7A at 3 months 7/7 no set left Discharge to A/E. Not fixed c/o headache on Canon Ltd. Flo unwell Flo phlebitis. Thanks) No set pain H.T. instructions fully given.
18 DEC 1995		D.M.A. –
21 DEC 1995		Thanks Hb Set to Purnell at leg ∴ Purnell 80.
27 DEC 1995		D.M.A.
25 JAN 1996		(1) Purnell 80 28. – headache. (2) Diltiazem 224. (3) Tenoret 20 56. Feels better. headache. (4) Tenoret soon. (5) Claims accurate Hb N7A in December.
15 FEB 1996		D.M.A.
16/2/96.		(1-3)
14 MAR 1996		1-3 + Contraception Warning re Tenoret.
1 APR 1996		Cuff hilum ulna c/o. ∴ H/E not due until May.
30 APR 1996		1-3 + Contraception
22 MAY 1996		2, 3 + "
13 JUN 1996		1-3. + Contraception
08 JUL 1996		1-3 + Advice
30/7/96		(2) + (3) next script due 27/8/96
22 AUG 1996		Acute (1) knee but pain SLR 60 to bilateral effusion pain OK. Advice in Pulmonic Lab Rp.

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1) re Lab C.F. clinic

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National Health Service Number

Surname (Block Letters): Dettee

Forenames (Block Letters): Robert

CLINICAL NOTES

Address: 103 Griffiths Tce.

Date of Birth: 19 o5 58.

Date	*	
25 AUG 1993		mixed hab - - 1st Fri - Lunch
		DHC (100)
		Temazepam 20mg caps (60)
29 SEP 1993		DNA
29/9/93	WS	(1) DHC (100)
		(2) Temazepam 20mg caps (60)
1-2 DEC 1993		(1) (2)
28/12/93	NS	(1) DHC x100 CAPS
		(2) Temazepam 20mg x60
		(1) (2)
27 JAN 1994		(1) (2) warning:- Lab hum hum ↓ 11.2
		(2) ott. 2° to urea + ? dang. — Amost.
23 FEB 1994		D.N.A.
1 1 MAR 1994		(1) (2)
		for hot clinic 4 (2) with Engin
25 MAR 1994		(1) (2) Antibiotics warning.
25 APR 1994		(1) (2)
		+ Trial Fluoxetine 10mg
23 MAY 1994		(1) (2)
		Compound (60)
20 JUN 1994		(1) (2)
		(3) Compound (60)
20 JUL 1994		(1) (2) (3)
16 AUG 1994		(1) (2) (3)
12 SEP 1994		(1) (2) (3)
27 OCT 1994		(1) (2) (3) - alone / [illegible] warning
		[illegible] short.
		Nhl & Fluoxetine ? dysmenorrhoea
24 NOV 1994		DHC, Temgesic

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+ hospital appt
Wife left him + has all claims
now + life

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Date	*	
14 DEC 1994		
09 JAN 1995		
30 JAN 1995		
22/2/95		
23 FEB 1995		
06 MAR 1995		
09 [redacted]		
29/3/95		
17 APR 1995		
19.4.95		
16 MAY 1995		
1/6/95		
14/6/95		
17 [redacted] 1995		

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National Health Service Number	5282 2 1958 729
Surname (Block Letters)	Forenames (Block Letters)
BEATTIE	ROBERT
Address	Date of Birth
103 FINELLA TERRACE	19.5.58

CLINICAL NOTES

Date	*	
14/5/92		Urine Proteinedyl X 30 G. — Haematocrit Cap 1 Neoplasm 20m + 60 Fivers Codeydral X60 TT fun
03 JUN 1992		Enzmax 40 Ignitum Hc 10 ml Swab Recurrence of UTI OE
25.6.92		DNA
01 JUL 1992		D [redacted]
11 AUG 1992		Codydral TT (1W) + Temgesic 2mg (6W) 4hr.
27/8/92		Review onset of Loss of taste down nose of back. Also mouth — Dose + Qty Last bout of fever. Has coming towards normal. Sore throat + swollen glands BP = 120/80 Back tender reflexes (2) normal Pupils reactive normally
03 SEP 1992		W/h UTI Main — No Temgesic given. Better + Urine clear Lymph Nodes 2 + Temp. Pulse 72
10 SEP 1992		
05 OCT 1992		
07 OCT 1992		N: Vag-pain. Sy T-TT (6) Zyloric. Like Prof Forbes (Prof FORBES — Hall 3/4 NW)
02 NOV 1992		D NVA
05 NOV 1992		DHE (1W) Temgesic 2mg (6) Pulmicort 200 (1) C.T. 2 cm temporal.

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Date	*	
6-12-92		(R) d/t's external R hyperlaxia. HC
		DHC x 100
		Temazepam 20mg x60
		Phoned hospital got early appt for 11.30 - 15/12/92
		informed patient
13-01-93	NS	DHC x 100
		Temazepam 20mg x 60
15 JAN 1993		DNA.
15 FEB 1993		(R) (L). - clubbing.
		20 wks, for CBC etc
		Bx breast - 2 for exc.
24/3/93		U/O Obus Salam + Orals Tramadol
		Tr. Hyoscyamus + 21 ♀/x
		Tr. Valerian Opii + 10 ♂ ♀
		Tr. Belladonna Rhiz + ♀
		USP 170/60
14/6/93		Julia Robinson x10² Flucloxacillin
		Cap Tetracycline 250mg + 60 Tds Fc
13 MAY 1993		DHC (60)
		Temazepam 20mg (60)
		Bld Clin + Diff on same
		Admit cysts Hist always
		Exc one.
9.6.93		DHC (60) + Temazepam 20mg (60) adv [redacted]
11 JUN 1993		Digest Nelson E13696.
		? if his physio.
		Dihydrocodeine 30mg
02 JUL 1993		Bx left Shoulder - upper outer quad.
		Provisional. Some Shoulder mob.
		Δ Cer. neoplasia
		Clin Diff + Exc Pelvis.
20 JUL 1993		for CR + physio - refer Kentdale St VT
		Co-dydramol.
		+ Diff for diet.
		Temazepam 20mg ~~(60)~~ (60)
19 AUG 1993		DHC 100 + Nytol (60)

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Lorraine Vaughan

Need meds when get discharged in history

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THIRD PARTY COPY

National Health Service Number	
Surname (Block Letters) BEATTIE	Forenames (Block Letters) ROBERT
CLINICAL NOTES	Address
	Date of Birth 190558

Date	*	
260896		Refer G.I. Clinic
13 SEP 1996		Depot Methotrexate 62359. Hx ⓒ chest.
	Ⓠ	HC. 2nd.
	ⓖ	Temp 37 ⓒ
	ⓐ	Examination ⓢ ⇒ Functional
04 OCT 1996		Trial of for H.P. Hx ulcer
		+ ve test negative.
01 NOV 1996		ⓘⓖⓒ
25 NOV 1996		ⓘⓒⓢ
17 DEC 1996		ⓘⓖⓒ.
13 JAN 1997		ⓘⓖⓒ. + ve test for H.P.
10 FEB 1997		ⓘⓖⓒ + ? Co-trimoxazole stopped by Dermatologist 50 mg BD
03 MAR 1997		ⓘⓖⓒ + Thyroxine 100 mg mane 50 mg + ulcer - Hx ulcer.
4.3.97		Refer Ethelfleda Ortho clinic
4/3/97		Chronic hx Duke / Tempus ↓ weight now 10st DAILY DISPENSING To be reviewed in 12/12 time ↓ new letter. ⇒ Formal hx height
06 MAR 1997		Duke.
26 MAR 1997		Duke. ↓ Temp 37° ⓒ + Thyroxine 100 + 75 mg ⓑⓖ + Colitis + Sore throat ↓ C/V.

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FORM GP111F
355 2095

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Date	*	
17 APR 1997		[redacted] (22y) 75.
		Tongue 2w, ?? (8y) 180
		Bnt 23
14 MAY 1997	(1)	Dilt. 224
	(2)	Tongue 2/3 84
		Movelat cream 100g.
04 JUN 1997		In RTA. 8/52 ago mixed thing + 90 mph with full
		no seat belts;
		Pain across upper chest
		} 2/7 chest, neck + (L) shoulder.
		3W C.
	(3)	Tongue 2/3 } - 16/7 symptoms.
		+ Ibuprofen
		pr 7 13.
11 JUN 1997		V Spasms 4-7
		→ kBJ.
		Dilt + Thrupp 20/2 improving
03 JUL 1997		(1-3) + mfp Neck/Tongue
030797		REFER NECK + SPINAL CLINIC 11 9st.
29 JUL 1997		(1-2) Tongue 11' 2" st.
		Watch LE - if SOB due ult and ? angio.
26 AUG 1997		1-2 11st 9lb
		+ Tab Quinine 2nd no night cramps
16 SEP 1997		Early fortnight. 1-3.
		Pain in R arm/ - no hemi ! Cervical Stenosis.
13 OCT 1997		1-2
		+ oxycodone gel.
13 NOV 1997		(1)(2) Continue mfp + Nitro + Oxycodone
		(1)(2) + Tramadol 50 (100)

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Who advise

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HEALTH SERVICE (SCOTLAND)

Mr. Mrs. Miss Child

BEATTIE

Surname of patient – in block letters

Robert

Form G.P. (Rev.15) (Scotland)

Initials and one full forename wherever possible

Age if under 12 yrs
YRS. MTHS

Address 103 Strella Ter
Dundee.

Pharmacist's Stamp

NP

NO OF DAYS TREATMENT
N.B. ENSURE THAT DOSE IS STATED

PPD use only

R

Tab. Dihydrocodeine

Mitte 200

Sig As before

Tab Temazepam 20mg

Mitte 56

Sig As before

Signature of Doctor

Date 04/03/97

For use only by Pharmacist

T 7018 1

Tay Court Surgery
50 South Tay Street, Dundee

Important: [redacted] notes carefully BEFORE going to the pharmacy. Medicine urgently required may be obtained outside normal hours if prescription is marked "URGENT" by the doctor.

[redacted] IMPORTANT NOTES FOR PATIENTS

THIRD PARTY COPY

- Before getting the item(s) overleaf dispensed you must [redacted] X in a box at Part A, then complete either Part B or Part C or both as appropriate.
- If you think you might be entitled to a refund of the money you have paid, you must get an NHS receipt (EC 57) when you pay. You cannot get one later.
- If you need a lot of medication you may want to buy a prepayment certificate.
- To find out more about prescription charges, get leaflet HC11 "Are you entitled to help with health costs?" from your pharmacist.

PART A

I am ☐ the patient named overleaf
☐ the patient's parent/guardian/representative *delete as appropriate*

PART B

I have paid the sum of £ _____ for the item(s) overleaf

Signed _____ Date _____

PART C

I do not have to pay the charge because the patient: *(X in the appropriate box)*

IS EXEMPT ON AGE GROUNDS:

A ☐ under 16 years of age
B ☐ 16-18 *and* in full time education
C ☐ 60 years or over

HOLDS AN EXEMPTION CERTIFICATE:

D ☐ maternity or medical exemption (EC 92)
E ☐ prepayment certificate (EC 96)
F ☐ War/MoD pensioner exemption certificate — Ref. No. _____
– and the items overleaf are for the pensionable disability.

RECEIVES OR IS THE [redacted] OF SOMEONE RECEIVING:

G ☐ Income Support
H ☐ Family Credit
I ☐ Disability Working Allowance

J ☐ Income-based Jobseeker's Allowance
K ☐ a current NHS charges certificate for full help — HC2/AG2 no: _____

OR:

L ☐ is being given no-charge contraceptives

Signed _____ Date _____

Name _____

Address _____

(if different from overleaf) _____

WARNING TO GIVE FALSE INFORMATION MAY LEAD TO PROSECUTION

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28/2/03

Name ROBERT BEATTIE			CHI 19/5/58 00387		
Sex	M ✓	F	Ht 176	Wt 90	Age 44
Spirometry	**FEV1 ≥90%predicted ---- Exit, review 3 yr. if significant smoking history**				
	FEV1 < 90%predicted -- Continue with assessment				

Please enter √ or X as appropriate

PAST MEDICAL HISTORY		Smoker	present	
Asthma	X		ex	✓
Pneumonia	X		never	
Tuberculosis	X		Pack years	86
IHD	X			
Bronchiectasis	X	Wt loss in <6months	none	✓
Atopy	X		significant	
Reflux	X		intentional	
1° relative-chest problem	X			
Childhood wheeze/chestiness	X			

USUAL SYMPTOMS						
Cough	none	✓	**In the past year** practice advice on:-			
	everyday		Smoking cessation			N/A
	1/week		Inhaler technique			N/A
	1/month		Exercise advice			N
	Wakes with					
Sputum	none	✓	Previously on asthma register			
	white		Previously on COPD register			
	yellow		Was spirometry performed pre diagnosis			
	green		Nebuliser at home			
	dirty		Source from	hospital	GP	self
Blood in sputum last 2 months?		✓	FEV1 pre isssue			
Daily vol.	≤15ml		Oxygen at home			
	≤1/2 cup		If yes was need formally assessed			
	> 1/2 cup	✓	Concentrator Hours/day or prn			
Wheeze	none		Cylinders/week or prn			
	day		If housebound would portable O2 make a difference			
	night		CXR within 3 yrs			
	Day & night		< 1 year			
Variability	Fairly constant		District nurse input visit number			
	Days free		Social care input			
	Weeks free	✓	Meals on wheels			
Seasonal	(specify)	N/A	Home help private or..			
Occupation exposure	none	✓	O T			
specify	dust		Physio			
specify	fumes		CCAH			
specify	other					

30 6 180. 120 22.750 8+120 40 46/66

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	MRC date	28/2/03			
0	Not troubled by breathlessness except on strenuous exercise				
1	SOB when hurrying on the level or walking up a slight [redacted]	✓			
2	Walks slower than people of same age on the level because of breathlessness or has to stop for breath when walking at own pace				
3	Stops for breath after walking about 100 metres or after a few minutes on the level				
4	Too breathless to leave the house or breathless when dressing or undressing				
5	Breathless at rest				
	HADS Anxiety				
	HADS Depression				
	BMI	29			
	AQ20				
	Oxygen saturation	99			
	Pre highest FEV1	5.28			
	Pre highest FVC	5.97			
	Pre VC	5.53			
	Post β2 agonist highest FEV1				
	Post β2 agonist highest FVC				
	Post FEV1 % predicted				
	FluVac in past yr. (yes, no, refused, allergy)	N			
	Pneumovac (yes, no, refused, allergy)	N			
	Smoking status (n/a, Happy, Contemplating, Attempting)	X			
	Cessation advice given				
	Inhaler tech checked	N/A			
	Exercise advice given	N/A			
Chest condition only					
	Emergency antibiotics at home				
	Emergency steroids at home				
	No of telephone advice calls	0			
	No of practice nurse appointments	0			
	No of GP appointments	0			
	No of out of hours calls	0			
	No of GP home visits	0			
	No of hospital admissions	0			
	No of bed days	0			
	No of OPD appointments	0			
	No of steroid courses	0			
	Yearly cumulative steroid	0			
	No of courses of antibiotics	0			
	Pulmonary rehab (yes, no, refused, referred)	0			
	Working days lost	0			
Confirmed diagnosis of COPD? Yes, No, Not sure		No			

3 yrs.

THIRD PARTY COPY

National Health Service Number	S282 2 1958 729
Surname (Block Letters)	Forenames (Block Letters)
BEATTIE	ROBERT
Address	Date of Birth
103 FINGLLA TERRACE	19·5·58

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Date	
	Appendectomy in 1977
10·4·98	pleuritic chest pain.
20·5·82	Exploratory [redacted]tomy
21·6·83	upper GI endoscopy. – duodenitis
29·6·83	proximal Gastric Vagotomy
22·11·83	Gastroscopy
4·5·84	⊗ © infra orbital margin ; ⊗ nose
24·86	upper GI endoscopy.
24·4·86	Vasectomy.
12·6·86	ERCP
21·7·87	upper GI endoscopy.
13·12·87	⊗ (R) zygoma.
3·8·88	reversal of Vasectomy.
18·7·92	oesophagitis + gastritis
3·3·93	Corneal abrasion. (R) eye
8·6·95	upper GI endoscopy.
13·3·98	Bilateral lateral epicondylitis.
5·7·99	Supraglottitis
01 01 04	Collapse / Seizure.
	Summarised 01°4

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Form GP111G

HMSO Dd8218312MD C5000 6/90 53791

Date

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National Health Service Number	S282 2 1958 729	
IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block letters): BEATTIE	Forename (Block letters): ROBERT
	Address: 103 FINGLLA TERRACE	Date of Birth: 19·5·58

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

Form GP 111H

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

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Ed Rep 250m 5/90 (027426)

	National Health Service Number	S282[2] 1958 [redacted]
LONG TERM DRUG RECORD	Surname (Block Letters) BEATTIE	Forename(s) (Block Letters) ROBERT
	Address 103 FINGLLA TERRACE	Date of Birth 19·5·58

Allergies, Drug Reactions and Problems

Drug	(1) Temazepam	(2) Co-dydramol	(3) Co-Proxamol	(4) DHC	(5) Ibuprofen
Strength/Form	20mg			30	400mg
Quantity	~~60~~ 84	60	60	~~100~~ 224 84	
Dose and Frequency	~~1~~ nocte	~~1~~ daily		~~1~~ q.i.d	
Date	09 MAR 2001 13.7.92	13.7.92	6/10/94	6/10/94	3012 99
	27 APR 2001 6/10/94			24/10/94	24 100
	24/10/94			2/9/94	16 200
	2/5/95			301295	27 APR 2001
Review by Date	301295			24 10	

Drug	(6) 24/100	(7)	(8)	(9) 16 200	(10)
Strength/Form	16 200			09 MAR 2001	
Quantity	09 MAR 2001			27 APR 2001	
Dose and Frequency	27 APR 2001				
Date					
Review by Date					

THIRD PARTY COPY

Drug	(1)	(2)	(3)	(4)	(5)
Strength					
Quantity					
Dose and Frequency					
Date					
Review by Date					
Drug	(6)	(7)	(8)	(9)	(10)
Strength					
Quantity					
Dose and Frequency					
Date					
Review by Date					
Drug	(11)	(12)	(13)	(14)	(15)
Strength					
Quantity					
Dose and Frequency					
Date					
Review by Date					

THIRD PARTY COPY

Scanned Document
21-May-2026 ANDREA.TODD
Additional: Scanned Document

Filename: rbc.PDF
Extension:.tif
Pages:

"SPECIAL REQUESTS"

Date of request 10/2/05

Patient's name Robert Boathe

Address 103 Finella Tce
Dundee

DOB/CHI 19/5/88 0037

Item(s) requested Viagra

Item prescribed yes/no

If no, is patient to make appointment? yes/no

To be added to repeats yes/no

Prescribing doctor's signature [signature]

Date 10/2/05

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Please complete this form and hand it to the doctor

NAME [illegible] D.O.B. 19-5-58

Do you smoke? YES.

How many cigarettes a day? 20

Are you an ex-smoker? /

Are you a non-smoker? /

Do you have a history of:

1) heart disease /
2) stroke /

What is your height? 5-11.

What is your weight? 13½

How many units of alcohol do you have in a week?

1) beer/lager (1 pint = 2 units) /
2) spirits (1 measure = 1 unit) /
3) wine (1 glass = 1 unit) /

Is there a family history of:

1) heart disease /
2) stroke /

Thank you for completing this form.

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Prescription
Request card

Name: Robert Beattie

Address: 103 Friella Terrace

Dundee

Date of Birth: 19.5.58

Allergy:

TAY
COURT
SURGERY
50 South Tay Street
Dundee. DD1 1PF
Telephone: 0382 28228

Please ensure that this card is at the surgery AT LEAST two days before you need more medicines.

No repeat prescriptions will be issued without this card being handed in, or posted to the surgery.

Prescription
Request card

Item	Qty	Instructions	28/12/95
Dihydrocodeine	100		
Caps Temazepam 20mg	60		

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Medicine & Cardiovascular
Acute Services Division
Ward 15
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 633892
Fax Number: 01382 425556
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE.

Date 7th January, 2004
Dictation 16th December 2004
Our Ref LK/CB/19 05 58 0037

Enquiries to Mrs. Cheryl Blain
Extension 33566
Direct Line 01382 633892

Dear Dr. Montgomery,

Re: **Robert Beattie, 103 Finella Terrace, Dundee.**

Date of Admission: **11.10.04**
Date of Discharge: **11.10.04**
Consultant: **Professor Belch**
Diagnosis: **Weakness, ataxia and blackouts.**

Significant Features on History and Examination: This 46 year old man was admitted with a one week history of feeling extremely tired and weak. He was also complaining of generalised ache, intermittent blackouts and recent diarrhoea. He is currently under investigation by Dr. [redacted] for his blackouts.

On examination neurologically everything was normal other than ataxia on walking. He had normal heart sounds and clear chest and was apyrexial. All of his blood tests were normal as was his chest x-ray. It was felt that his problems would best be investigated as an out-patient by the Neurologists and he was discharged home.

Follow Up: Out-patient Neurology Clinic with Dr. [redacted] 30.12.04.

Drugs on Discharge: As on admission.

Yours sincerely,

[redacted] **Kylanpaa,**
Senior House Officer.
Dictated but not [redacted]

RECEIVED
10 FEB 2005

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

Headquarters
Kings [redacted] Clepington Road, Dundee DD3 8EA

Chairperson, Mr [redacted] Bates
Chief Executive, Professor Tony [redacted]

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

Department of Neurology
Acute Services Division
NHS Tayside
South Block, Level 6
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 425720
Fax Number: 01382 425739
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date Typed 12th January 2005
Clinic Date 30th December 2004
Your Ref
Our Ref RR/FB 19.05.58 0037

Enquiries to Neurology Secretaries
Direct Line (01382) 632134

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee, DD4 9NE

This 46 year old man, who has a 30 year history of infrequent blackouts, returned for review. He is not aware of having had any further episodes since I saw him in August. I still do not have a witness account from his previous [redacted] He says that he asked her to telephone and that she said that she did, but if so something has gone wrong as I did not receive her number he says that he will ask her to telephone again.

He indicated that he is still taking Sodium Valproate 2 tablets a day. If this is prescribed for his blackouts, then there is still uncertainty as to whether it is appropriate, as a firm diagnosis of the blackouts has not been made.

His main complaint today was that sometimes he is excessively sleepy. He describes sometimes sleeping to "teatime". On waking he says he just lacks energy. When he sleeps for long periods there does not appear to have been any behaviour that has disturbed either his [redacted] or [redacted] who [redacted] the same house.

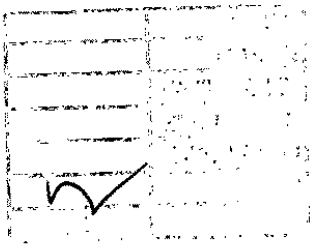
As previously his assessment is complicated by gross functional overlay. He came in walking slowly and sighing. There was little eye contact and he spoke most of the time with his eyes closed.

His repeat EEG recording again showed no significant abnormality. No symptoms were induced either by hyperventilation or photic stimulation. I explained to him that I could not advise further about his blackouts without an account from his previous [redacted]

Yours sincerely,

Dr R [redacted]
Signed electronically on the 18th January 2005

Dr R [redacted]
Consultant Neurologist



POSITIVE ABOUT DISABLED PEOPLE

Headquarters
[redacted] Clepington Road, Dundee DD3 8EA

Chairperson, Mr [redacted]
Chief Executive, Professor [redacted]

THIRD PARTY COPY

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. AJ [redacted]
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 08 Nov 2004

Dear Doctor [redacted]

Your Patient: **Robert Beattie**
103 FINELLA TCE
DUNDEE
DD4 9NE

Date of Birth: **19 May 1958**
ACHI Number: **1905580037**
A&E Attendance No: **AE-04-039902-1**
No. of Previous Attendances: **2**
[redacted] **unemployed**

Tel : 500602

The above patient attended the A&E department on 07 Nov 2004 at 05:31. The incident occurred at a private dwelling other than the patients. The complaint was **facial injury**. The patient was seen by **Fera H Mansor , A+E SHO.**

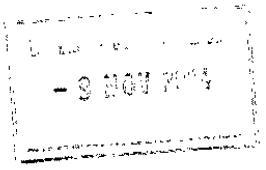
Diagnosis
Soft tissue injury, Face, Right

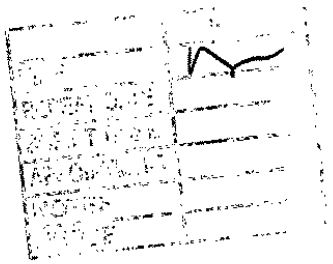
Treatment
Head Injury Advice card

Your patient was discharged.

Yours sincerely

Accident & Emergency Dept





THIRD PARTY COPY

FOR PHARMACY USE
Checked by
Clinical Pharmacist
Patient Counselled
(Initls)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. Montgomery

Ward/Clinic/
Hosp. ..... Cons.

BEATTIE 19 05 58 0037
ROBERT C M
103 FINELLA TCE
DUNDEE
DD4 9NE
DR. A [redacted]
TAY CT SURG
DUNDEE

D D M M Y Y
C.H.I. No.
M. State
Sex

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) ..... Date of Admission: 13/10/04

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	14/10/04	GEN MED	SMITH	HOME			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Generalised weakness – ? viral – ? Fibromyalgia

PRINCIPAL OPERATION / PROCEDURES: CXR, ECG } NAD.

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8, 10, 12, 14, 16, 18, 20, 22, 24)	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	~~NO CHANGE TO MEDICATION~~					
	EPILIM CHRONO	300mg		✓ ✓		
	PIZOTEN NE	20mg		✓ }		
	PANTOPRAZOLE	40mg		✓ }		

.... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Under IV for black outs.
Due to be seen by Dr Roberts (Neurology) on 22/11/04.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ✓ | CONFINED TO HOUSE ☐ | PARTIALLY BEDRIDDEN ☐ | CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. SMITH ..... Consultant
2. ..... Sen. Registrar/Registrar
3. IS ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature [signature] Status PRHO

for [redacted] Consultant Date 14/10/04

Dispensed By .....
Checked By .....
Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH 4 Part Set

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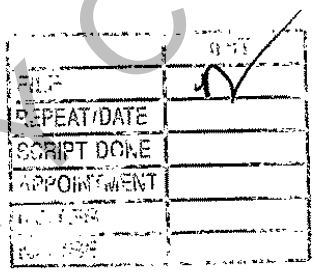

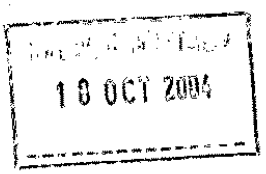

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Department of Neurology
Acute Services Division
NHS Tayside
South Block, Level 6
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 425720
Fax Number: 01382 425739
www.nhstayside.scot.nhs.uk

NHS Tayside

RECEIVED 15 OCT 2004

Dr [redacted]
Taycourt Surgery
50 South Tay Street
DUNDEE
DD1 1PF

Date Typed 13 October 2004
Clinic Date 23 August 2004
Your Ref
Our Ref RR/AC 19 05 58 0037
Enquiries to [redacted] Crosby, Secretary to Dr R [redacted]
Direct line [redacted]2 632134
e-mail [redacted]crosby@tuht.scot.nhs.uk

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee, DD4 9NE

I apologise for the delay writing to you about this man, whom I saw on 23 August 2004. The primary problem was blackouts, and he was unable to tell me what happened during his blackouts. I explained that I could not give an opinion about the blackouts without a witness account. He said that he would get his previous [redacted] to telephone me or leave her number, as she had witnessed an attack in December last year. She has not, however, been in touch.

He has a history of blackouts going back to the age of 16. They first seem to have come to medical attention in 1976 when he presented to A&E with a history of several episodes of loss of consciousness, which he said occurred after being assaulted by the [redacted] No definite diagnosis was made and he was reassessed in a medical clinic two years later following a few further blackouts. Again the cause was uncertain, no good witness account was available and there was a suspicion of alcohol misuse. He was referred to Neurology but did not attend. He told me that he has continued to have blackouts over the last 25 years. He might get 2-3 years free of them and then get 2 or 3 attacks. He thought his last attack was on 31 December 2003, but was uncertain as to whether or not there might have been others about which he did not know. In his attacks he says he has always lost awareness without any warning. He has sustained a couple of minor head injuries. He is not aware of any triggers and they can occur at any time. In the episode in December he recalled coming out of a shop and woke up in hospital. His previous [redacted] was with him at the time but he has not obtained an account of the attack from her. A letter from A&E states "felt unwell, went rigid and had an episode of witnessed jerking movements but not full blown tonic clonic seizure activity". He was reported by ambulance personnel to be somewhat confused and vomited but was recovered by the time he was admitted. He himself said that with his blackouts he is usually amnesic for at least several hours. With the one in December, which occurred at 4pm, he says he does not remember anything until the next day.

There is a complex medical background. He has had recurrent admissions for abdominal pain since 1982. He has had a vagotomy and pyloroplasty and three subsequent laparotomies. He has been diagnosed with gastritis, duodenitis and chronic pancreatitis thought to be alcohol related. In 1983 he was assessed in Orthopaedics on account of right elbow pain and found to have weakness of all active movements of his right arm. These symptoms appear to have resolved spontaneously. In 1992 he was admission with a history of left-sided weakness, which again seems to have resolved spontaneously. A CT brain scan was apparently normal. In 2000 he was seen in the neurosurgical clinic on account of neck and left arm pain and an MRI of his neck showed only minor degenerative changes. In July 2000 he was briefly admitted with headache. In

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August 2000 he was assessed in ENT with dysphonia. The year before he had had an episode of supraglottitis and septicaemia. He failed to attend referral for speech therapy. In 2001 he was seen in the Orthopaedic clinic on account of his neck pain and then in 2002 in the Pain Clinic where he also described back pain and arm pain. Dr Macrae observed in May 2002 how assessment was complicated by "considerable overlay". He was taking Nitrazepam 60 mg at night and Dihydrocodeine eight tablets a day. He was advised to gradually reduce his intake of both these drugs.

When I saw him in August he was still taking Dihydrocodeine eight tablets a day and two "sleeping tablets" at night. He thought he was also on tablets for depression and had been for some time and for heartburn. He said he was also on some "epilepsy tablets" for the previous four months, and I presume these were Sodium Valproate mentioned in your referral letter. He said he was taking them regularly.

He stopped smoking five years ago. He said he drank little alcohol and denied having drunk to excess in the past, although there are suggestions in the notes that he may have done. He denied any other drug use. He [redacted] his [redacted] He has a [redacted] who developed epilepsy following an assault with skull fracture. He himself has had various minor head injuries but none severe.

On examination all movements were accompanied by marked sighing, and were slow. Cranial nerve examination was normal. He was only able to extend his arms in front of him up to about 60° slowly, with much grimacing, pointing to his right shoulder. Testing power produced variable resistance but with upper limb movements power was at least briefly strong. On the bed there was a normal range of passive movements, including right shoulder extension to 120°. Power in his legs was normal. Reflexes were present and symmetrical with flexor plantars. Heart sound were normal with no neck bruits, heart rate 80 per minute and blood pressure 124/76.

His ECG showed sinus rhythm. He has now been up for brain MRI. No report is yet available, but reviewing the images on the web, it appears normal. He is due a further EEG on 22 October. A previous EEG in May 2002 was reported as just showing some non-specific slow wave changes scattered over either hemisphere, but there were no definite epileptiform features.

Comment

He has a 28 year history of infrequent blackouts. There is clearly a possibility that these may have had an epileptic basis, but to be clear about this we need a more detailed witness account. Pending this and his investigations I suggested he continue on his present medication. For the moment the diagnosis remains uncertain. His normal MRI is reassuring. He should have an appointment for review in December.

Yours sincerely

Dr R [redacted]
Consultant Neurologist

	INIT.
[redacted]	
SCRIP [redacted]	
APPOIN [redacted]	
NOTES	
NURSE	

Headquarters
[redacted] Clepington Road, Dundee DD3 8EA

Chairperson, Mr [redacted]
Chief Executive, Professor [redacted]

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TAYCOURT SURGERY NURSE TRIAGE

Date 13/10/04 **Time** 8.21 **Nurse** alexis

Name Robert Beattie **DOB** .....

Address 103 Fivella Tce **Contact No** 500607

Request
HOUSECALL ✓
EMERGENCY APPOINTMENT ( )
ADVICE ( )

Nurse returned call at 8.28

TRIAGE: Brother. (poor historian)
In bed since Sat, weakness.
not eating/drinking, speech slurred.
pain in neck →
? when & what happened at
last hospital appointment

ADVICE:

Nurse Outcome:
Refer to Doctor ( )
Housecall ( )
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Doctors Outcome:
Housecall ( )
Telephone Consult ( )

Dr Sig ..... **Nurse Sig** alexis

Comments .....

.....

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TAYCOURT SURGERY NURSE TRIAGE

Date 160604 Time 9.57 Nurse Alison

Name RBT BEATTIE DOB 190558

Address ..... Contact No 500602

Request HOUSECALL (✓)
EMERGENCY APPOINTMENT ( )
ADVICE ( )

Nurse returned call at 10.20

TRIAGE: Bro Next of kin ✓
23/7 Bleeding headaches & confusion. Sweats delerious. Vomiting ✓ nausea drinking fluids. ✓ ~~constipated~~ appetite
PMH ? septicaemia
? Apparently had an episode of "stopping breathing" last week.

ADVICE:
PMH Head injury

Nurse Outcome: Refer to Doctor ( )
Housecall ( )
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Doctors Outcome: Housecall ( )
Telephone Consult ( )

Dr Sig ..... Nurse Sig Alexis Macrae

Comments .....

.....

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AJM/AM

10 June 2004

Dr R [redacted]
Consultant Neurologist
Ninewells Hospital
Dundee

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee
DOB: 19 05 58 0037

I was very distressed to receive your letter that this gentleman had missed his appointment to see you. When I finally saw him, he said he had slept in. He does have a lot of neurological symptoms which I am having great difficulty making head or tail of in addition to his several fits. I would be grateful if he could be re-appointed.

Thanking you for your understanding

Yours sincerely

Dr A J [redacted]

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Tayside University Hospitals

Specialist Services Group
Neurology Department
South Block
Level 6
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 425720
Fax Number: 01382 425739

NHS Tayside

BEATTIE 19 05 58 0037
ROBERT C M
103 FINELLA TCE
DUNDEE
DD4 9NE
DR. A MONTGOMERY
TAY CT SURG
DUNDEE

Our Ref RR/RJS/JO'R/KW
DNA NEW
13/4/04

I can't think!
∴ Mrs Roberts

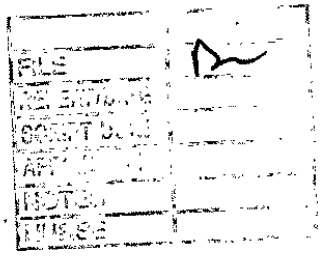
Dear Dr Montgomery

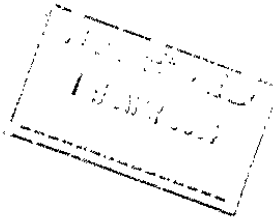
This patient did not attend on 13/4/04 for the new neurological consultation that you requested.

As there is considerable pressure for appointments in the clinic, I am not sending a further appointment but would be happy to see him/her in the future if he/she wishes to attend.

Yours sincerely

Dr R C [redacted] ~~J Swingler/Dr J O'Riordan/Dr K~~ White
Consultant Neurologist





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POSITIVE ABOUT DISABLED PEOPLE

Headquarters
Ninewells Hospital & Medical [redacted] Dundee, DD1 9SY

Chairperson, Professor [redacted] McGoldrick
Chief Executive, Mr Gerry Marr
Tayside NHS Board is the common name of Tayside Health Board

AJM/AM

19 January 2004

Neurology Outpatient Clinic
Ninewells Hospital
Dundee

Dear Doctor

Robert Beattie, 103 Finella Terrace, Dundee
DOB: 19 05 58 0037

This gentleman was referred in August for blackouts. Since then he has been admitted to the short stay ward in casualty with a ?seizure. Apparently he just suddenly collapsed without warning. He had quite a nasty gash to his scalp. He was observed overnight before discharge. I am getting quite concerned about Robert. He is getting increasingly slurred speech – dysarthria. On occasions he can appear dazed but on other occasions he can be quite on the [redacted] He complains of headaches, which he says throb and can be worse in the morning. However his fundi are normal with no sign of papilloedema. I note he has a [redacted] who suffers from epilepsy and another [redacted] who defaulted the fit clinic two years ago, so I am wondering whether there is something going on here. I have started him on Epilim Chrono and hope to see him shortly to see if it has helped to improve things. I wondered if his appointment could be expedited.

Yours sincerely

Dr A J [redacted]

THIRD PARTY COPY

Tayside University Hospitals

Musculo Skeletal / A&E
Accident and Emergency
South Block, Level 4
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 660111
Fax Number: 01382 633993
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. A. [redacted]
Tay Court Surgery,
Dundee

RECEIVED 13 JAN

Date 8th January, 2004
Your Ref
Our Ref BK/JPA 19 05 58 0037

Enquiries to
Extension 35234
Direct Line
Email [redacted]

Dear Dr. [redacted]

ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE

Admitted: 31.12.03 Discharged: 1.1.04 Reason for Admission: Possible seizure

This 45 year old man presented in the early afternoon of the day of admission. He had been in the Overgate in Dundee at approximately 4 p.m. when he felt unwell, went rigid and had an episode of witnessed jerking movements but not full blow tonic clinic seizure activity. He was attended to by the ambulance service who found him somewhat confused and post ictal. He vomited once prior to his admission to hospital. On arrival in the Department he was fully conscious although drowsy. His physiological parameters were essentially normal although he had a resting heart rate of 108 which was a mild tachycardia. I note a past history of pancreatitis, heavy alcohol consumption and Di-hydrocodeine current medication for long standing chronic pain. On falling he sustained a posterior occipital scalp wound of 3 – 5 cm. in size. His pupils were normal and there was no evidence of any focal neurological deficit. The wound was closed with tissue adhesive. In view of his possible seizure and his head injury with ongoing drowsiness, he was admitted to the short stay ward for observation. Overnight he remained entirely satisfactory. I reviewed him the following morning on the ward round when there was no neck pain and a good range of movement demonstrated. He mobilised around the ward, and as he was noted to have seizure activity in the past, no follow up has been arranged for this. I trust this information is of use should he consult.

Yours sincerely

[redacted] KLAASSEN
Accident and Emergency Consultant

Copy sent to GP

	SENT
FILE	✓
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

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THIRD PARTY COPY

FOR PHARMACY USE:
Checked by
Clinical Pharmacist
Patient Counselled
(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. MONTGOMERY
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE

Ward/Clinic/ Hosp. NW A&E SSW N.N. Cons.

C.H.I. No. 190558 0037 (D D M M Y Y)

Surname BEATTIE
First Name ROBERT M. State
Address 103 FINELLA TERRACE Sex
DUNDEE
G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) *Delete as appropriate

Date of Admission: 31/12/03

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	01/01/04	A&E	NICHOL	HOME			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Collapse ?Seizure
PRINCIPAL OPERATION / PROCEDURES: Observations Lumbar spine x-ray (N)
OTHER CONDITIONS: Scalp laceration - glued. Low back pain
OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE: Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY: Number	Brand Names (for information only)

.. 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE: COMPLETELY AMBULANT ☑ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT
1. Mr Nichol ..... Consultant
2. ..... Sen. Registrar/Registrar
3. A&E ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY: MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

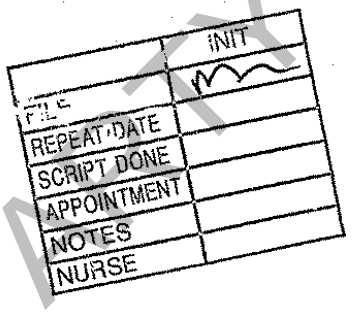
Signature Gumenard Status PRHO
for Mr Nichol Consultant Date 01/01/04

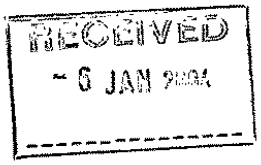
Dispensed By .....
Checked By .....
Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH 4 Part Set

THIRD PARTY COPY





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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. AJ Montgomery
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 02 Jan 2004

Dear Doctor [redacted]

Your Patient: Beattie, Robert C, 1905580037
103 FINELLA TCE
DUNDEE
DD4 9NE

[redacted]
Date of Birth: **19 May 1958**
Hospital Number:
A&E Attendance No: **AE-03-046836-1**
No. of Previous Attendances: **1**

Tel. 500602

The above patient attended the A&E department on 31 Dec 2003 at 16:52. The location of the event was Public place. The complaint was collapse/head injury. The patient was seen by [redacted] **Klaassen , A+E Consultant**.

Imaging

XR	Site	Side	Comment
XRay,	Lumbar Spine,		N/A - Fell onto back today, now co midline lumbar back pain. #?

Imaging Results
Normal

Diagnosis
Head injury GCS 14,
Collapse ? cause,

Prescriptions
Metoclopramide, Intravenous, Injection, 10, Milligrams, Once,
Morphine sulphate, Nebuliser, Injection, 5, Milligrams, Once,
Adsorbed Diptheria & Tetanus Vaccine,
Destination of your patient was **Home**.

Outcome: Discharge

Notes for GP
Admitted to SSW following collapse in Overgate centre - girfriend witnessed seizure. Denies alcohol intake.

Yours sincerely

I'm seeing in 2/12.

Accident & Emergency Dept

RECEIVED
- 6 JAN 2004

	INIT
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REPEAT/DATE	
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APPOINTMENT	
NOTES	
NURSE	

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SPECIALTY:	Neurology	CLINICIAN:	ANY CONSULTANT	SOURCE:	[redacted]

CLINICAL INFORMATION

Reason for Referral (including expectation of referral outcome)

?Blackouts, episodes of amnesia and fatigue

History of presenting complaint/examination findings/Investigation results

I have seen quite a marked deterioration in this gentleman with forgetfulness, fatigue becoming extremely vague. I note that in April 2002, he was admitted to Ward 15 with a head injury and concurrent loss of consciousness. At the time he remembers walking out of his garden gate and was found lying beside her car with a gash in the back of his head. CT scan at the time was normal, but an EEG showed non specific slow wave changes scattered over either hemisphere but worst over the left temple lobe with uncertain significance. LP was normal. He was eventually discharged. I note he has a [redacted] who suffers from epilepsy. I tried to ascertain whether he is a heavy drinker or taken recreational drugs over the years, without much useful information. He says he might have had some cannabis and he may occasionally have had his drink spiked.

Past medical History

Current and recent medication

Paroxetine 20mg, Pantoprazole 40mg, Temazepam 20mg, Dihydrocodeine continuous 60mg 2 tabs twice a day for chronic neck and back pain and Ibuprofen 400mg tds.

Clinical Warnings (e.g allergies, blood-borne, viruses).

We are not sure whether he is allergic to Penicillin or not.

Additional relevant information (including patients issues, social circumstances and special needs)

Smoking Status	SMOKER	**Alcohol Consumption**	UNKNOWN

REFERRAL ATTACHMENT SUMMARY

PDF DOCUMENTS:	0	IMAGES:	0	TOTAL ATTACHMENTS:	0

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Contact sheet for Registered Patient @ D.D.O.C

Call Number: 56923 **Date:** 03/08/2003 **Time:** 11:46 **Passed:** 11 . [redacted] **Received by:** wneeson

Patient Details (190SS80037)

Name:	ROBERT BEATTIE
Address:	103 FINELLA TCE
Town:	DUNDEE
Postcode:	DD4 9NE
Sex:	M
DOB:	19/05/1958
Contact:	[redacted]
Contact Phone Number:	500602

Call Location

Address:	103 FINELLA TCE
	DUNDEE
	DD4 9NE

Registered GP Details

Dr Name:	[redacted]
Practice:	TAY COURT SURGERY
Script No:	T70181

Complaint: ? flu, now turning yellow!

Started: 13·20 **Status:** Visit: ✓ Tel: ☐ Attend: ☐ Canc: ☐ DNA: ☐

History / Examination:

Hlo pancreatitis - / ulcers.
Flu-like symptoms past 3 days. sweaty
Heartburn.
colour yellow.

Sleepy since Thursday. Temp 37·2
Cough - green sputa
Flu like symptoms Drinking. reasonable intake of
O/E Sclera not obviously jaundiced.
Not dehydrated. Chest - clear.
1 St. tenderness
no rebound.

Diagnosis

Chest infection

Drugs

Name	Form	Strength	No	Category
CLARITHROMYCIN	TABS	250g	28	(P)

Outcome

Death ☐ GP to Certify ☐
Refer To:
Dept:
When:
Review by GP: ☐
Where:
Patient to contact GP ☐

Call Handled As: TR: ☐ TR2: ☐ ET: ☐ INT: ☐

Duty Doctor: Signature [redacted] CLARK.

Date: **Call complete:** 3/8/03 Time: ~~1400~~ 1330

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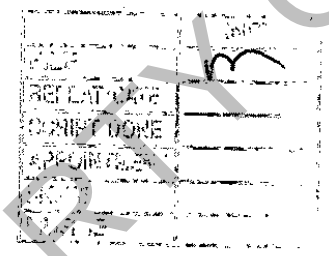

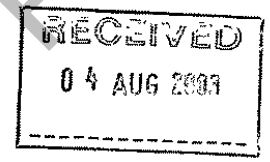

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Tayside University Hospitals

Medicine & Cardiovascular Group
Ward 15
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 633892
Fax Number: 01382 425556
www.nhstayside.scot.nhs.uk

NHS Tayside

Date 14th August, 2002
Dictation 10th August, 2002
Our Ref AW/CB/ 19 05 58 0037

Enquiries to Mrs Cheryl Blain
Extension 33566
Direct Line 01382 633892
Email cheryl.blain@tuht.scot.nhs.uk

Dr. A. [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Dear Dr. [redacted]

ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE.

Following this gentleman's admission to ward 15 he had a 24 hour tape. This shows a sinus tachycardia during the day with an average heart rate of 125, otherwise he had a sinus rhythm during sleeping hours. This does not give us any further answers regarding his loss of consciousness however an EEG is still outstanding.

Yours sincerely,

[redacted] White,
Senior House Officer.

RECEIVED
20 AUG 2002

	U.J.T
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SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Dr. [redacted] Flavahan
Dr. A.J. [redacted]
Dr. S. [redacted]
Dr. B. Hollins
Dr. Margaretha Badenhorst

Tay Court Surgery

Consultation by Appointment
50 South Tay Street. Dundee. DD1 1PF
Telephone: 01382 228228

Date as postmark.

Dear

Our practice is reviewing all patients receiving temazepam with the view to stopping prescribing this medication. You would probably like to ask the following question:

Why should I come off temazepam?

Studies have shown that after a few weeks of taking temazepam it loses effectiveness, the body gets used to these tablets so that they no longer work properly. Some people try to make the drug more effective again by increasing the dose they take. This doesn't work for long and can increase the problems of side effects.

Sometimes, people take temazepam because it helps them feel better when they have lots of worries in their lives. Unfortunately temazepam doesn't solve these worries and because it affects the memory and ability to make judgements it can actually make it harder to deal with these problems.

What will happen next?

What we are trying to do is to reduce the amount of tablets you are taking with a possibility of stopping them at a future date. But we do not want you to stop taking them suddenly as this could cause unpleasant effects.

Our aim is to make you less dependent on the tablets. We would like you to consider only taking the tablets when absolutely necessary. To encourage you to do this we are reducing the amount of tablets on your prescription.

If you are unhappy with this please make an appointment before your prescription is due.

Yours sincerely

Dr Flavahan, Dr [redacted] Dr [redacted] Dr Hollins, Dr Badenhorst

THIRD PARTY COPY

Tayside University Hospitals

Medicine & Cardiovascular Group
Ward 15
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 632847
Fax Number: 01382 632317
www.nhstayside.scot.nhs.uk

NHS Tayside

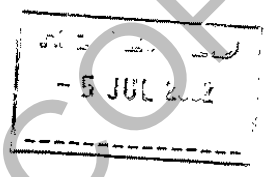
Date 2nd July 2002
Dictation 17th June 2002
Our Ref AW/NC: 190558 0037

Enquiries to Mrs Norma [redacted]
Extension 32847
Direct Line 01382 632847
Email Norma.cook@tuht.scot.nhs.uk

Dr. A. [redacted]
Tay Court Surgery
DUNDEE

Dear Dr [redacted]

Robert Beattie, 103 Finella Pl, Dundee, DD4 0NE



DATE OF ADMISSION: 26.4.02

DATE OF DISCHARGE: 27.4.02

CONSULTANT: Dr Pullar

DIAGNOSIS: Head injury with concurrent loss of consciousness

SIGNIFICANT FEATURES ON HISTORY & EXAMINATION: This 42-year-old gentleman was found by his car with a head injury. He had suffered a severe headache the night before admission, however had improved throughout the day. He has no recollection of the events and simply remembers being in A&E. Past history includes chronic back pain with cervical spondylosis and neck and shoulder pain. He was apyrexial with a GCS of 15, alert and fully orientated. Heart sounds pure, chest clear, abdomen soft non-tender, cranial nerves intact with pupils equal and fundoscopy normal. There were no signs of raised intracranial pressure and no meningism. Power normal in all 4 limbs and reflexes were normal.

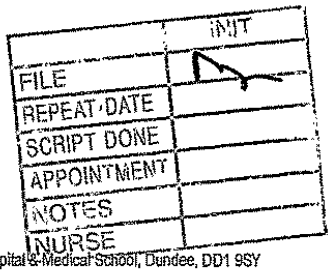
INVESTIGATIONS & PROGRESS: Hb 16.4, WCC 9.6, PLT 267. Biochemistry unremarkable. CT brain was normal. ECG normal sinus rhythm with no acute changes. Troponin T <0.01. Chest X-ray showed no focal consolidation or collapse with some prominence of the main pulmonary arteries. C-spine showed well-established degenerative changes in the cervical spine especially involving the lower cervical spine. There was quite large posterior osteophytes in the lower cervical spine. EEG showed no-specific slow wave changes scattered over either hemisphere but seen most frequently over the left temporal lobe their significance is uncertain. There was no diagnostic epilept form features evident in this recording either at rest or during provocation procedures. LP showed opening pressure of 18 and closing pressure of 15, CSF was clear with WCC 1, RCC 2 and gram stain showing no organisms. There was no growth on microbiology. He had a settled night and there was no further incidents. He was therefore discharged with analgesia.

DRUGS ON DISCHARGE: Dihydrocodiene 60mg qid, Dothiepin, Diazepam, Ibuprofen

Yours sincerely

C. Blair

Dr. [redacted] White
Senior House Officer
Ward 15
Ninewells Hospital



aw2jul

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

Tayside University Hospitals

Specialist Services Group
Pain Services
South Block, Level 6
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 425612
Fax Number: 01382 496325
www.nhstayside.scot.nhs.uk

NHS Tayside

Date	22nd May 2002 Clinic 15.05.02
Your Ref	
Our Ref	WAM/HT
Enquiries to	Dr Macrae
Extension	35612
Direct Line	01382 425612
Email	[redacted]

Mr. M. [redacted]
Consultant Orthopaedic Surgeon,
Ninewells Hospital,
DUNDEE

Dear Mr. [redacted]

Robert Beattie, 103 Finella Tce, Dundee DD4 9NE (19 05 58 0037)

Thank you for referring this man to the Pain Clinic. He was referred with neck and arm pain but in fact he said his back pain was as much of a problem as the neck and arm pain. He has had these for 12 to 15 years and is now age 43. The back pain is absolutely classic muscular backache, across the lower back and does not radiate down to his legs. The neck and shoulder pain he says started after a road traffic accident about eight years ago and was made worse by a second road traffic accident five years ago. It is across his shoulders and down the arm to the elbows and he gets very stiff in the neck and shoulders. Mr. Beattie has a thick set of medical casenotes already with referrals to many different departments. Just recently he was admitted to the medical wards for a couple of days following a collapse, at which time he had a severe headache. Looking at the very sketchy notes at this time it is hard to see what happened. He did have sugar in his urine at that time but his blood sugar was not abnormal. I believe this is going to be investigated further. He suffers from a lot of hot flushes and says that he often feels extremely hot, sweats a lot at night and often has to get out of bed to cool off. He doesn't suffer from cold extremities. He has problems with his abdomen with bloating after eating and says that he feels full very quickly. He has however had gastric surgery in the past with an exploratory laparotomy for abdominal pain in 1982 and a vagotomy in 1983 and I believe there has been further surgery but I couldn't find this in his notes. He does have some problems with his bladder, although he was reluctant to talk about this. It sound as if he is having some frequency and urgency and also some pain sometimes on passing water. He has had problems with his oesophagus in the past but for a long while he was trouble free. These problems have re-emerged in the last two or three months. He has had problems with his joints in the past; there are no problems with his eyes. He has problems with his memory and concentration and has been quite depressed and is currently on two sorts of anti depressants. He [redacted] his [redacted] When I asked him how many children he had he took a long time to think about this and finally told me that he had seven children and nine [redacted] He is unemployed and in the past has worked as a barman and labourer. He told me that he doesn't smoke nor drink. His drugs at present are Nitrazepam 60 mgs. at night and Dihydrocodeine eight tablets a day. He says that he has been on both of these drugs for many years. He couldn't remember which anti depressants he is on but thought one of them was probably Dothiepin. He takes Ibuprofen sometimes.

On examination he came across as quite depressed and almost retarded and drowsy, as well as quite angry. Everything he did seemed to be a great effort. All his movements were accompanied by sighing and groaning./

Cont'd/.....

THIRD PARTY COPY

POSITIVE DISABLED PEOPLE

groaning. His spinal movements were all very limited. Straight leg raising was about 45 ° on both sides limited by back pain only. He had multiple muscular trigger points in the neck, shoulders, upper arms, scapula areas and extensively in the lumbar area. These would probably be sufficient for a diagnosis of fibromyalgia. Neurologically he was very hard to assess because of considerable overlay. His reflexes were normal. Power was hard to assess. Tone was probably normal. Testing sensation, he had normal sensation to cottonwool in all areas. However, on testing with pinprick he first of all told me that he couldn't feel the pinprick at all on any of his four limbs. On more close questioning however he said that he could feel it but he couldn't tell the difference between sharp and blunt. There was no anatomical distribution to this and I don't think it is very significant.

It is very hard to see what the Health Service can do to help this man. He needs a comprehensive rehabilitation programme involving the physical and psychological aspects of his problems. He also probably needs considerable social input. Back pain now is increasingly seen as a bio-psychosocial problem and this man certainly is a classic example of that. He is on two addictive drugs that are probably now making him worse. However, stopping the Nitrazepam and Dihydrocodeine will be extremely difficult and we had a [redacted] discussion about this today. I strongly advised him that he should try and stop these drugs but that it might take him months to come off them. I have stressed that he does not have a problem with his spine and this has been confirmed by the MRI scan carried out two years ago. I would strongly counsel against any further referrals to either Orthopaedics or Neurosurgery for this man and would suggest that interventional treatments, although they might produce short term placebo benefit, would be very unlikely to help. There would be a strong risk of major problems resulting from this sort of approach in the future. I have done my best to try and put him on a different route of a rehabilitation approach and done my best to explain the problem in a more realistic way to him. We have also given him some booklets to [redacted] I have to say that I am not optimistic that we will be able to make changes in this man's life but clearly the only way ahead that has any chance of success is for him to make major changes in his life. Interventions from the medical profession are probably irrelevant for this patient. I haven't given him any further appointments for the Pain Clinic.

With kind regards,

Yours sincerely,

Bill Macrae

[redacted] MACRAE
Consultant Anaesthetist

c.c. Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE

	INIT.
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APPOINTMENT	
NOTES	
NURSE	

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POSITIVE ABOUT DISABLED PEOPLE

Headquarters
Ninewells Hospital & Medical [redacted] Dundee, DD1 9SY

Chairperson, Professor [redacted] McGoldrick
Chief Executive, Mr Gerry Marr
Tayside NHS Board is the common name of Tayside Health Board

Tayside University Hospitals

Specialist Services Group
Department of Dermatology
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 660111 Ext 33229

NHS Tayside

Date 15 May 2002
Clinic 13 May 2002

Our Ref CG/CH 19 05 58/0037

Enquiries to Dr C Green
Ward 24

Dr A [redacted]
Tay Court Surgery
50 Tay Square
DUNDEE

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee

Thank you for referring this gentleman with a some month's history of an intensely itchy rash on the trunk and genital area. He had no previous problems with his skin.

There is no family history of any skin condition nor have any close contacts developed a rash to his knowledge although apparently his [redacted] "from time to time has an itch".

Mr Beattie has treated the rash on 1 occasion with Lyclear but family contacts did not self treat at the same time.

He also used Locoid Crelo without benefit.

I will not reiterate his drug medication, which is alluded to in your referral letter.

On examination he had papules on the shaft of his penis suggestive of scabies and a papular excoriated eruption extensively over the trunk.

I suggested both he, his [redacted] and [redacted] all treat with Lyclear on 1 occasion and thereafter that he treat with Elocon once daily for 10 days to reduce the extensive eruption on his trunk.

He will be reviewed in our Day Treatment Centre by nurse in 3 weeks time.

Kind regards,

Yours sincerely

C Green, MB ChB, FRCP
Consultant Dermatologist

	INIT
FILE	MB
REPEAT DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

cc
[redacted] Ansell

POSITIVE ABOUT DISABLED PEOPLE

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Hospital/Clinic

IMMEDIATE OUT-PATIENT COMMUNICATION

Ward/Clinic/ NW 33 GREEN Cons.
Hosp.
D D M M Y Y C.H.I. No.
Surname BEAME
First Name ROBERT M State
Address Sex
G.P. & Address (G.P. Requests only)
USE BLOCK LETTERS OR PATIENT LABEL

Fold Back

Clinic
Date 13/5/02

Dear Doctor,

The above patient attended my clinic today, please accept this as the only / in[illegible]* communication in respect of this visit.

Provisional/Diagnosis is Scabies

Comment/Recommendations

Please prescribe
Lyclear x 2 op
then Eldon Cleo
1009

Next appointment (if any) Nocte 10/7 weeks/months

MEDICINE TREATMENT RECOMMENDED NAME—State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (■ ✓) 8 10 12 14 16 18 20 22 24

Fold Back

Prescription given / Medicines supplied / Medicines not supplied *

Signed by [signature] for Consultant

Do not write below this line

*Delete as appropriate

Dr.

THB(MR)159 (2-part set General — 3 part set Psychiatry Dundee)

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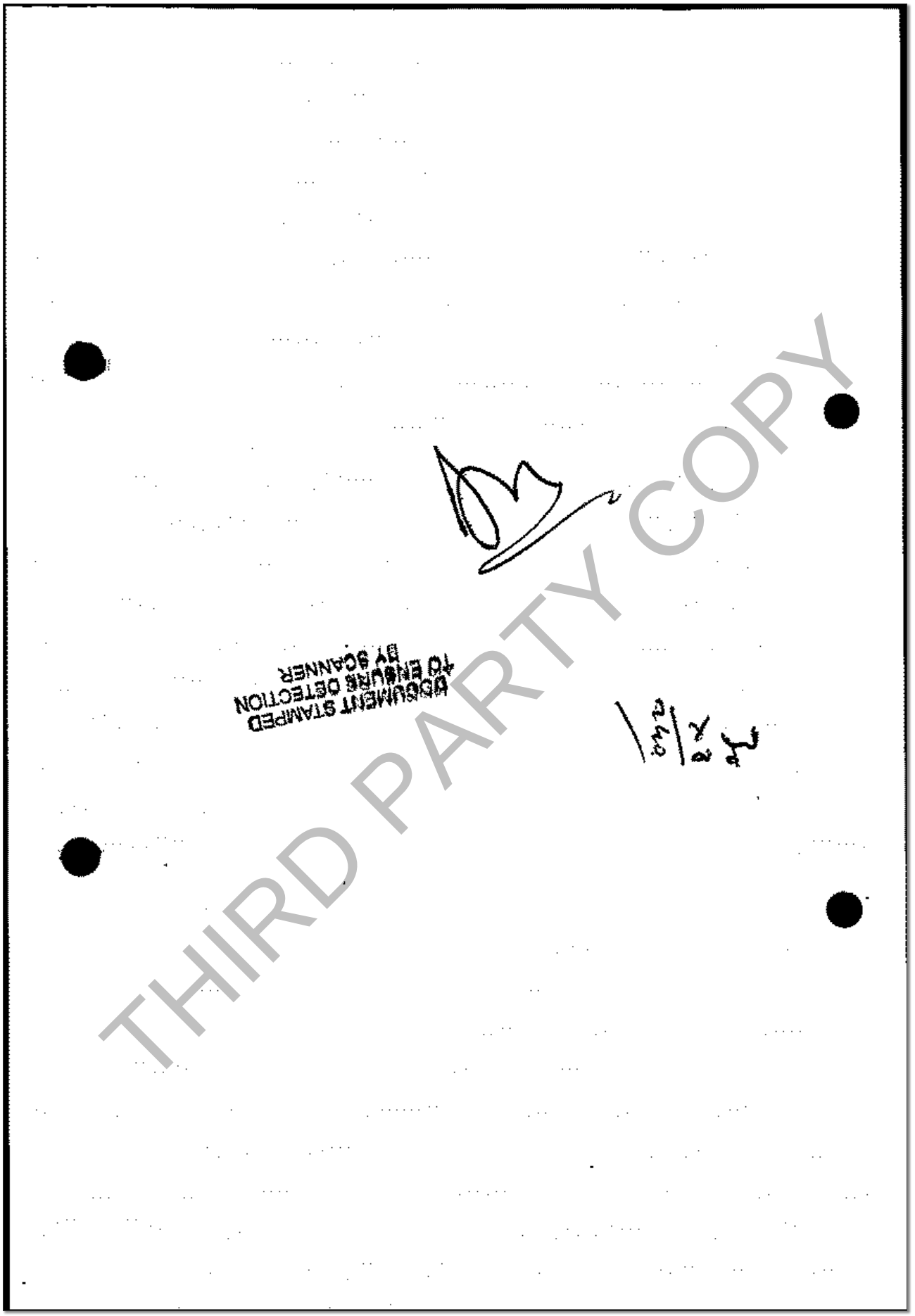

DOCUMENT STAMPED TO ENSURE DETECTION BY SCANNER

THIRD PARTY COPY

13/12/01.

Hospital N. WELLS

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST

A&E No. 02/114604

CONSULTANT NN. (INITIALS)

PATIENT

SURNAME: BEATTIE	MPI No.: 0037	DATE: 26.4.02.	TIME OF ARRIVAL: 1352.
FORENAME: ROBERT.	SEX: M / MARITAL STATUS: O.	DATE OF INCIDENT: 26.4.02.	TIME OF INCIDENT:
MAIDEN NAME:	DOB: 19.5.58	LOCATION OF INCIDENT: STREET	
ADDRESS: 103 FINEMA TCE	AGE: 43		
TEL. 500602. DUNDEE.	RELIGION:	COMPLAINT:	

T

TEMPORARY ADDRESS: DD4 9NE	OCCUPATION/SCHOOL:	GP NAME: DR. MONTGOMERY
TEL:	PREVIOUS ATTENDANCE: Y (N)	ADDRESS: TAY CT. SURG DUNDEE.
NOK NAME: MARY BEATTIE	RTA: Y (N)	
ADDRESS:	REFERRED BY: 999	
TEL. S.A	ARRIVAL: AMBULANCE (Y) N	
NOTIFIED N/Y RELATIONSHIP: MOTHER		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor MONTGOMERY

The above named patient attended Accident & Emergency Department today 26/4/2

DIAGNOSIS Sub-arachnoid haemorrhage → ?? meningitis.

X RAY / ECG / INVESTIGATIONS SHOW CT scan / normal C.S.F. (N) FBC / U&E / glucose

TREATMENT GIVEN → I/V analgesic / fluids [redacted] cultures / Dexa

→ Rx to ward 15 / transfd. L.P..

DRUGS _____ GIVEN BY _____

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE_____ TT BOOSTER_____ HATI_____

DISPOSAL Wd 15

ADMITTED TO _____ OP CLINIC _____

DISCHARGED TO _____

DOCTORS NAME (print): JACKSON	SIGNATURE:
CONSULTANT: NN	TIME OF DISCHARGE: C

THB (MR470)

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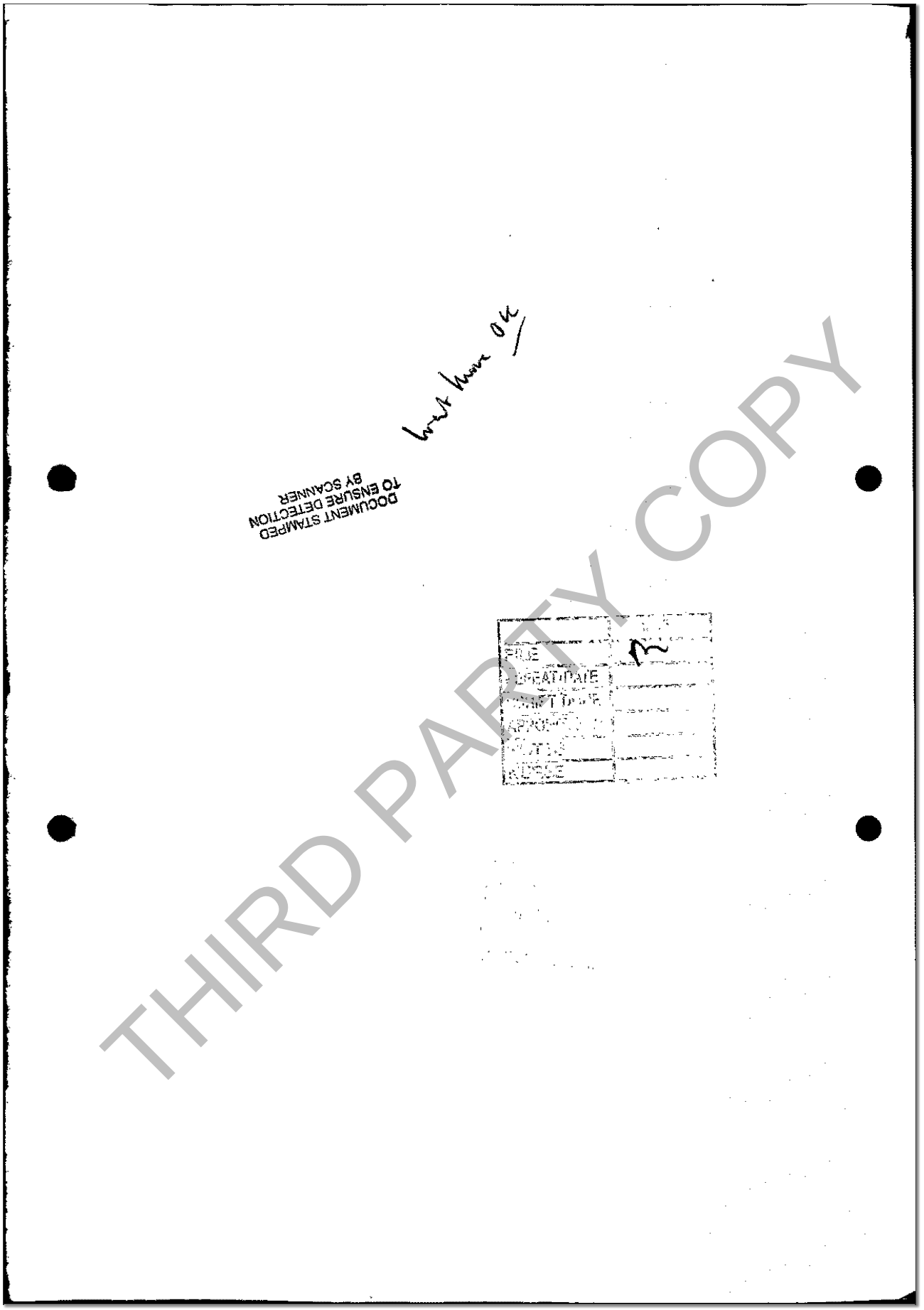


THIRD PARTY COPY

DATE : 1/5/12 TIME : 2.35 NURSE : Dean

NAME Kat Beattie 500602

DATE OF BIRTH/MPI .....

ADDRESS 103 Fraella Tce

NATURE OF CALL :

HOUSECALL	(✓)
EMERGENCY APPOINTMENT	( )
ADVICE	( )

CURRENT PROBLEM : Blackout on Friday 30/12.
Attended Dr F this morning.
Same thing has happened. Head
bleeding slightly. Head Thumping
Also severe pain in groin
Can't manage down.

OUTCOME :

REFER TO DOCTOR	( )
HOUSECALL	( )
EMERGENCY APPOINTMENT	( )
ROUTINE GP APPOINTMENT	( )
APPOINTMENT FOR NURSE	( )

Collapsed unconscious again today. No details of how long for.

ADVICE GIVEN :

THIRD PARTY COPY

FOR PHARMACY USE:
Checked by
Clinical Pharmacist
Patient Counselled
(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.
To Dr. .....

Ward/Clinic/ Hosp. 15 NW ..... Cons.

BEATTIE 19 05 58 0037
ROBERT C M
103 FINELLA TCE
DUNDEE
DD4 9NE

DR. A [redacted]
TAY CT SURG
DUNDEE

M M Y Y C.H.I. No.
..... M. State
..... Sex

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) ..... Date of Admission: 26/04/02

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	27/04/02	MEDICINE	DR. PULLAR	HOME			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: HEAD INJURY
PRINCIPAL OPERATION / PROCEDURES: CT Scan - NORMAL
OTHER CONDITIONS:
OTHER OPERATIONS / PROCEDURES:
Patient was kept overnight for observation. Stayed stable.

MEDICINE TREATMENT ON DISCHARGE

Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration [redacted] ✓ (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY Number	Brand Names (for information only)
	DIHYDROCODEINE	2 tab		4 [redacted] A DAY	Patient [redacted] 112	

... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

for EEG as OP
neurology OP appt

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. Pullar ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... CT ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature Sanin Nasir Status JHO
for DR. PULLAR Consultant Date 27/04/02

Dispensed By .....
Checked By .....
Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THSMR126

THIRD PARTY COPY

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 10.12.01

CHI No.	1	9	0	5	5	8	0	■	3	7

Please arrange for this patient to attend the DERMATOLOGY clinic of Dr/Mr

Patient's Surname BEATTIE
Maiden Surname
First Names ROBERT
Address 103 FINELLA TERRACE
DUNDEE
Single/Married/Widowed/Other
Date of Birth 19.05.58
Patients Occupation
Postal Code DD4 9NE 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

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

This gentleman has been suffering from a eruption across his body for some months now. I have tried him with Lyclear and also Locoid Crelo and with no relief in his symptoms. I am lost as to what to make of the diagnosis and would be grateful for your advice.

He is also attending the pain clinic for chronic back, neck and shoulder pain.

His medication includes Dihydrocodeine, Ranitidine, Fexofenadine, Temazepam and Ibuprofen.

Yours sincerely

Dr A J ■■■■■■

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

Dd8435631 3/93 15M 13161

355-2104

THIRD PARTY COPY

Tayside University Hospitals

Musculoskeletal and A&E Services
Orthopaedic Office, Level 5
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number (01382) 425576
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date 27 November 2001
Your Ref
Our Ref MMS/PR/19 05 58 0037
Enquiries to Mr [redacted] Orthopaedic Clinic – 15 11 01
Extension 35576
Direct Line (01382) 425576
Email paula.rutherford@tuht.scot.nhs.uk

Dear Dr Montgomery

Robert Beattie, 103 Finella Terrace, Dundee

Diagnosis: Cervical spondylosis.
Neck and shoulder pain.

Mr Beattie had been extensively investigated by the Neurosurgeons last year related to his neck pain. He, however, had been referred to the Orthopaedic Department with the same symptoms as he was referred to the Neurosurgeons, which would have been more correct. His overall clinical picture remains unchanged. He complains of pain around his right shoulder which has no signs of any muscle wasting. His range of movement was fairly full with no evidence of any rotator cuff tendonosis. Most of his pain would appear to be referred pain in the shoulder area, arising from his cervical spondylosis. I note that Mr Mowle, Consultant Neurosurgeon had noted minor degenerative changes at the C5/6 and C6/7, with only minimal narrowing of the left C6 root exit foramen. He did not feel that surgical intervention was required. The suggestion was that he could benefit from some local treatment by your physiotherapist. I have, however, taken the opportunity of referring him to the Pain Clinic for control of his pain syndrome.

Yours sincerely

M M [redacted]
Consultant Orthopaedic Surgeon

Copy to: Pain Clinic, Ninewells Hospital, Dundee.

	INIT
FILE	✓
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

RECEIVED
01 DEC 2001

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Headquarters
Ninewells Hospital & Medical [redacted] Dundee, DD1 9SY

Chairperson, Professor [redacted] McGoldrick
Chief Executive, Mr Gerry Marr

Dr. [redacted] Flavahan
Dr. A.J. [redacted]
Dr. S. [redacted]
Dr. B. Hollins
Dr. Margaretha Badenhorst

[redacted] COURT SURGERY
Consultation by Appointment
50 South Tay Street, Dundee. DD1 1PF
Telephone: 01382 228228 Fax: 01382 202606

29 NOV 2001

CF/AM

Date as Postmark

Taycourt Policy on Dihydrocodeine Therapy

At Taycourt Surgery, we are increasingly concerned about the affects of long-term therapy with Dihydrocodeine, especially in conjunction with sleeping tablets and tranquillisers. In future therefore, all prescriptions for large amounts of Dihydrocodeine ~~in this combination~~ will be dispensed on a weekly basis. From time to time, patients will be asked to provide a specimen of urine, in order to check the levels being excreted. Patients with a long history of back problems will be referred to a back clinic and/or physiotherapy for assessment. Failure to comply may lead to withdrawal of their prescription. Any patient who recognises a genuine problem with their dependency on these tablets should speak to one of the doctors, who can refer them for help in this area.

Yours sincerely

Drs Flavahan, [redacted] [redacted] Hollins and Badenhorst

THIRD PARTY COPY

TAYSIDE PRIMARY CARE NHS TRUST

Your Ref:

Our Ref: GS/AW

Enquiries to: Mr [redacted]

Community Therapy Services
Ward 6
Kings [redacted] Hospital
Dundee DD3 8EA

Tel: 01382 425668
Fax:01382 425669

Dr A [redacted]
Taycourt Surgery
50 South Tay Street
Dundee
DD1 1PF

14 September 2001

Dear Dr [redacted]

Robert Beattie 190580037
103 Finella Terrace Dundee DD4 9NE

Thank you for referring the above patient for physiotherapy to Community Therapy Services.

Mr Beattie was assessed in the department on 10 August 2001. Unfortunately He has failed to complete the course of treatment. As we have had no further contact He has been discharged from the clinic.

Yours sincerely

A Waghorn.

pp [redacted]
Senior Physiotherapist

FILE	23 SEP 2001
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

RECEIVED
29 SEP 2001

ASM to see
? ACTION.

Chairman: Mr M Petrie, F.R.I.C.S., I.R.R.V. Chief Executive: Mr W J [redacted] R.M.N., R.G.N., C.P.N., M.H.S.M.

THIRD PARTY COPY

PHYSIOTHERAPY REFERRAL

Date: 19 JUL 2001

GP Name & Code Dr A [redacted] 70181

Name: Robert Beattie [redacted] 19 05 58 00 3 7

Address: 103 Finella Terrace
Dalry
KA24 5NE

Tel no home: 830326

Tel no work

Off work due to current episode? YES ☑ NO ☐ From date? ☐☐☐☐☐☐

Does patient wish to attend physiotherapy YES ☐ NO ☐

HISTORY OF PRESENT CONDITION

Relevant symptoms this episode:-(to be marked on body diagram)

Pain ☑ 1) Groin / Groin

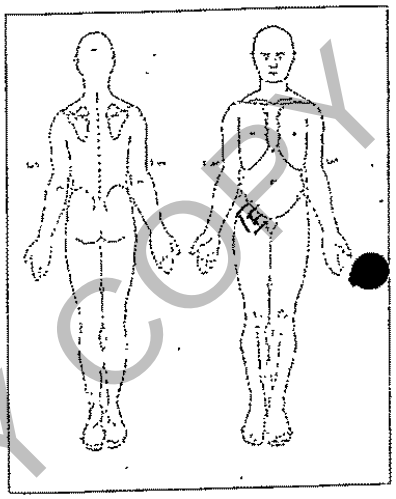
Paraesthesia ☐

Anaesthesia ☐

Limited movement ☑

Muscle weakness ☑

Other ☐



Duration of symptoms this episode:-

0 – 6 days ☐ 7 – 13 days ☐

2 weeks – 1 month ☐ 1 month – 3 months ☑

> 3 months ☐

Commenced as a result of:-

Trauma/Injury ☐

Surgery ☐

No apparent reason ☑

Other [redacted]

Past medical history:-

Cardiac ☐

Respiratory ☐

Diabetes ☐

Epilepsy ☐

Cancer ☐

Depression ☐

Other Both ways. Sitting ways Much ways

Previous physiotherapy for the same problem:- YES ☐ NO ☐

Medication:-

Nil ☐ NSAID ☑ Analgesic ☑ Steroids ☐ Anticoagulant ☐

Other ☐

X-rays/Investigations/Results/Reports

Referring GP [signature] Surgery Taycourt Surgery 11058

THIRD PARTY COPY

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 13.04.01

CHI No.	1	9	0	5	5	8	0	[redacted]	3	7

Please arrange for this patient to attend the BACK clinic of Dr/Mr [redacted]

Patient's Surname BEATTIE Maiden Surname
First Names ROBERT Single/Married/Widowed/Other
Address 103 FINELLA TERRACE Date of Birth 19.05.58
DUNDEE Patients Occupation
Postal Code DD4 9NE Contact telephone number 866326
Has the patient attended hospital before YES/NO If yes please state:

Name of Hospital NINEWELLS

Year of Attendance 2000 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

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

This gentleman who used to be a taxi driver has been involved in several car accidents, has been seen in the orthopaedic department before with spondylitic changes in C5/6 and C6/7 and also with lateral epicondylitis. He has also had and shoulder injuries. Ironically, he first sustained injury in 1997 when he was driving a car without a seatbelt, possible as a taxi driver. He is now asking for an exemption from wearing a seatbelt because of the hyperaesthesia that he gets across his shoulder when driving from the seatbelt. I have declined to give him an exemption certificate and thought he probably ought to be seen by yourself. Unfortunately Mr Beattie has habituated on large doses on Dihydrocodeine along with the rest of his family along with some Benzodiazepines. He is also taking Ibuprofen on a regular basis.

I would be grateful for your advice in his management.

Yours sincerely

Dr A J [redacted]

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

Dd8435631 3/93 15M 13161 355-2104

THIRD PARTY COPY

Your Ref: MR/LH/MPI 1905580037

Our Ref: Mr M Riad, Ward 26

Enquiries to:

TAYSIDE
University Hospitals
NHS Trust
SPECIALIST SERVICES GROUP
OTOLARYNGOLOGY UNIT

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Dr [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date 09/03/01
Clinic 06/03/01

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee.

I made arrangements to review your patient in the Voice Clinic on 6th March 2001. He failed to attend and he had not contacted us. No further appointment will be sent unless at your request.

Yours sincerely

M. Riad

Mr M Riad
Consultant Otolaryngologist

NORMAL	
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

THIRD PARTY COPY

Your Ref:

Our Ref: SM\bp 190558 0037

Enquiries to: Mrs [redacted] Milne

TAYSIDE
University Hospitals
NHS Trust

Professions Allied to Medicine
Speech and Language Therapy Service
Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Date Dictated: 25.10.00
Date Typed: 26.10.00

Mr M Riad
Consultant Otolaryngologist
Ward 26
Ninewells Hospital

Dear Mr Riad

Robert Beattie, 103 Finella Terrace, Dundee (DOB 190558 0037)

This patient failed to attend after receiving two appointments on 11th and 25th October 2000.

He has now therefore been discharged from Speech and Language Therapy Service and must be re-referred formally if another appointment is required.

Yours sincerely

S Milne

[redacted] Milne
Specialist Speech and Language Therapist

Copy: Dr A [redacted] Tay Court Surgery, Dundee

NORMAL	✓
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

RECEIVED
2 R OCT 2000

THIRD PARTY COPY

Your Ref:

Our Ref: SM\bp 190558 0037

Enquiries to: Mrs [redacted] Milne

TAYSIDE
University Hospitals
NHS Trust

Professions Allied to Medicine
Speech and Language Therapy Service
Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Date Dictated: 07.09.00
Date Typed: 08.09.00

Mr M Riad
Consultant Otolaryngologist
Ward 26
Ninewells Hospital

Dear Mr Riad

Robert Beattie, 103 Finella Terrace, Dundee (DOB 190558 0037)

Thank you for referring this gentleman, from the Joint Voice Clinic, with intermittent dysphonia.

He will be attending for voice therapy to reduce recruitment of the ventricular bands during phonation. I will keep you informed of his progress.

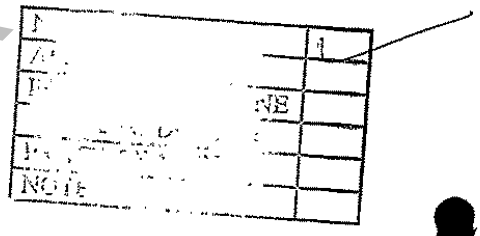
Kind regards.

Yours sincerely

S. Milne

[redacted] Milne
Specialist Speech and Language Therapist

Copy: Dr A [redacted] Tay Court Surgery, Dundee



THIRD PARTY COPY

Your Ref:

Our Ref: MR/LH/MPI 1905580037

Enquiries to: Mr M Riad, Ward 26

TAYSIDE
University Hospitals
NHS Trust
SPECIALIST SERVICES GROUP
OTOLARYNGOLOGY UNIT
Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Mr Quentin [redacted]
Consultant ENT Surgeon
Ward 26
Ninewells Hospital

Date 14/08/00
Clinic 10/08/00

Dear Mr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee.

Thank you very much for referring this 42 year old patient who presents with dysphonia of one year duration following supraglottitis and septicaemia in September last year. He has no other relevant throat symptoms. He has stopped smoking a year ago and there is no history of cough, sore throat or gastrooesophageal reflux. He has been unemployed for the last 5 years.

Endoscopic examination today under local anaesthesia showed no gross abnormalities. Mr Beattie has all the features of hyper functional dysphonia that amounts sometimes to ventricular dysphonia with the ventricular bands meeting in the midline during phonation. He will benefit from voice therapy and I shall arrange for that and will review him in the clinic in 6 months.

Yours sincerely

M Riad

Mr M Riad
Consultant Otolaryngologist

Cc Dr [redacted] Tay Court Surgery, 50 South Tay Street, DUNDEE.
Ms Milne, Speech & Language Therapy Dept, L 5, South Block, Ninewells Hospital.

NORMAL 16 AUG 2000	
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
[illegible] NURSE	
NOTES	

THIRD PARTY COPY

Your Ref:

Our Ref: **SK/MB.M.P.I. 19.05.58 0037**

Enquiries to: **Dr. S. Kapetanakis,**
Ward 15.

TAYSIDE
University Hospitals
NHS Trust

MEDICAL ADMISSIONS
Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Date : 3rd August, 2000.
Dictated: 27th July, 2000.

Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 103 Finella Terrace, Dundee

DATE OF ADMISSION: 07.07.00
DATE OF DISCHARGE: 08.07.00
CONSULTANT: Dr. MacWalter
DIAGNOSIS: Headache

REASON FOR ADMISSION:
This gentleman presented with severe headache which was of fairly sudden onset. There were no other associated symptoms apart from nausea.

PAST MEDICAL HISTORY:
Pancreatitis, ulcers, scepticaemia.

SIGNIF'CANT EXAMINATION FINDINGS AND INVESTIGATIONS:
On examination he was well. Cardiovascular, respiratory, abdominal and neurological examinations were all normal.

Full blood count, Us & Es and CRP normal. CK slightly elevated at 236, ?musculoskeletal.

PROGRESS:
The patient was observed overnight. He made a spontaneous recovery and required no analgesia whatsoever. Repeat neurological examination was normal. Patient was then discharged.

DRUGS ON DISCHARGE: Nil

FOLLOW UP: Nil

Yours sincerely,

S. Kapetanakis,
Senior House Officer.

NORMAL	✓
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

THIRD PARTY COPY

FOR PHARMACY USE:
Checked by
Clinical Pharmacist
Patient Counselled
(Initls)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. Montegomery
Tay cour + Surg
Dundee

Ward/Clinic/Hosp. NW 15 MacDonald Cons.

D D M M Y Y
1 9 0 5 5 8 0 0 3 7 C.H.I. No.

Surname Beattie
First Name Robert M. State
Address Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) Date of Admission: 7/8/00

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	8/8/00	Med	[redacted]	Home			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Headache

PRINCIPAL OPERATION / PROCEDURES: Fundoscopy (2) all bloods (2)

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE

Days	NAME — State [redacted] when Medicines shou[redacted] topped	DOSE	STOP DATE	Times of Administration [redacted] ✓ 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY Number	Brand Names (for information only)

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. MacDonald Consultant
2. Sen. Registrar/Registrar
3. Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature A Forrester Status SHO

for Consultant Date 8/8/00

Dispensed By .....
Checked By .....
Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

THIRD PARTY COPY

DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

THIRD PARTY COPY

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Call Number: 14500	Date: 07-Jul-00	Time: 23:28	Passed: 23.28

Patient Details:

Name: robert beattie
Address: 103 finella terrace
Town: Dundee
Region: Tayside
Post Code:

Sex: Male
DOB: 19-May-58
Tel: 605648
Contact: [redacted]

Call Location:

103 finella terrace
Dundee
Tayside
605648

Registered GP Details:

Dr Name [redacted]
Practice: Tavcourt
Script No T7018-1

Patient is Non Registered: ☐
Home Details:

Home GP
Home Practice:

Complaint: Sore head and stiff joints

Consultation Start: 2358 **Status:** Visit: ☐ Tel: ☐ Base: ☑ Cancelled: ☐ DNA: ☐

History / Examination

Head pounding since this morning. dizzy turn. vacant look ~12 midday. sweat eyes rolling. No trauma
slept in pm. sick. ~12.30. speech affected
dff18. sleepy fits.
PH pancreatitis
ulcer.
Septicaemia — thrush inf
o/e temp. ⓝ 100/70 p hgs ? neck stiffness
pupils small unusual speech.
levels to ⓒ

Diagnosis

headache ? cause
? bleed.

Drugs	Form	Strength	No	Category

Outcome Death: ☐ GP to certify ☐

Refer To: NWS Med.
Dept:
Review by GP ☐ Where:
When:
Patient to contact GP ☐

Call Handled as: TR ☐ ET ☐ INT ☐

Duty Doctor:	Signature:	Print:	Call Complete: Date:	Time:
	BCuffe	AFFLECK	8/7/00	00.15

THIRD PARTY COPY

NORMAL	✓
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

THIRD PARTY COPY

AJM/AM

22nd June 2000

To Whom It May Concern

Dear Sir/Madam

Robert Beattie, 103 Finella Terrace, Dundee
DOB: 19.05.58

Mr Beattie has a number of problems for which he has been off work on medical grounds recently.

He has been attending Neurosurgery because of pain in his neck radiating into his left shoulder also giving numbness and tingling in both hands. He has been involved in a number of bad car accidents over the last five years. An MRI scan has showed that he has mild degenerative changes at C5/6 and C6/7, with minimal narrowing of the left C6 root exit foramen. It was not thought bad enough to require surgery, but he is being referred to physiotherapy. Under a year ago, he also had a bad episode of supraglottitis, requiring intravenous antibiotics in hospital and he has been left with a [redacted] Duck type voice since then.

He has also had intermittent abdominal troubles since the late 1970's early 1980's. He had pancreatitis secondary to alcohol problems and in 1983 he had a gastric ulcer for which he underwent a vagotomy and pyloroplasty. He has had three laparotomies all together as well in those days. In 1996, although they suspected chronic pancreatitis, CT scan was normal and it was felt that he did not have any good evidence of chronic pancreatitis. I note at that time he was suspected of being H Pylori positive and was given a course of triple therapy in October 1996. I am repeating his serology today to see if he is still positive. He has not been complaining of his abdominal symptoms until just recently and so we are still re-assessing the situation there. As far as I am aware, he is now abstinent from alcohol and his main problems relate to the pain in his shoulder and neck and his voice.

Yours sincerely

Dr A J [redacted]

THIRD PARTY COPY

Your Ref:

Our Ref: DM/LL 19 05 58 0037

Enquiries to: Ext: 36049

TAYSIDE University Hospitals NHS Trust

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

SPECIALIST SERVICES GROUP
DEPARTMENT OF SURGICAL NEUROLOGY

25 May 2000
Clinic: 23 May 2000

Dr [redacted]
Tay Court Surgery
50 South Tay St
DUNDEE

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee

I reviewed this gentleman regarding his intermittent neck pain and left brachalgia. His symptoms remain unchanged and he also complains of significant pain and clicking on shoulder movements.

His recent MR scan of cervical spine demonstrates minor degenerative changes at C5/6 and C6/7 with minimal narrowing of the left C6 root exit foramen. I do not think this is significant and I have strongly reassured Mr Beattie that no surgical intervention is required.

May I suggest at your discretion that he be referred to a physiotherapist for symptomatic treatment to his neck and shoulders.

Yours sincerely

[redacted] MOWLE
Consultant Neurosurgeon

RECEIVED
- 1 JUN 2000

NORMAL - 1 JUN 2000
APPOINTMENT
PRESCRIPTION DONE
SPEAK TO DOCTOR
PRACTICE NURSE
NOTES

THIRD PARTY COPY

Your Ref:

Our Ref:

Enquiries to:

TAYSIDE
University Hospitals
NHS Trust

SPECIALIST SERVICES GROUP

DEPARTMENT OF SURGICAL NEUROLOGY

NP/FMcL 19 05 58 0037

Ninewells Hospital and Medical School
Dundee DD1 9SY
Telephone: 01382 660111

8th May, 2000.

Dr. A. J. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE DD1 1PF.

Dear Dr. [redacted]

Re: Robert Beattie, 103 Finella Terrace, DUNDEE DD4 9NE.

I enclose a copy of the report on the above named patient's recent MRI Scan of cervical spine. An Out-Patient appointment has been arranged to come back to my Clinic to discuss the results and decide on any further management/investigations that may be required.

Yours sincerely,

NIGEL PAGE,
Locum Consultant Neurosurgeon.

Enc.

NORMAL APPOINTMENT	11 MAY 2000
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

THIRD PARTY COPY

Chairman: Sir William [redacted] DSc FRS FRSE Chief Executive: Mr [redacted] M White

Your Ref:

Our Ref: QG/AY/MPI 19 05 58 0037

Enquiries to: Mr. Q. [redacted] Ward 26

TAYSIDE
University Hospitals
NHS Trust
SPECIALIST SERVICES GROUP
OTOLARYNGOLOGY UNIT

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

14th February, 2000
Dictated 10/2/00

Dr. A. J. [redacted]
Tay Court Surgery,
50 South Tay Street,
Dundee.

Dear Dr. [redacted]

Robert Beattie, 103 Finella Tce., Dundee.

As you say Mr. Beattie has been complaining of loss of voice and hoarseness over the last two to three months. He says that his voice is quite often normal then disappears later in the day.

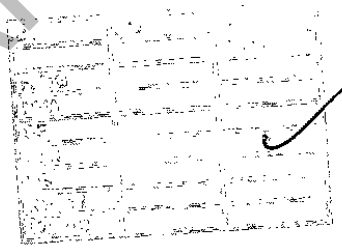
On examination he had normal looking vocal cords which were fully mobile.

I will refer him on to the Voice Clinic for Mr. Riad's opinion regarding this.

Kind regards,

Yours sincerely,

Q. Gardiner,
Consultant Otolaryngologist.



RECEIVED
19 FEB 2000

THIRD PARTY COPY

11.11.99.

Hospital..... N. WELLS.

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST

A&E No. 00/322

CONSULTANT.. M.J. ....(INITIALS)

PATIENT

SURNAME: BEATTIE	MPI No.: 0037	DATE: 03.01.00	TIME OF ARRIVAL: 1000.
FORENAME: ROBERT	SEX: M. MARITAL STATUS: S.	DATE OF INCIDENT:	TIME OF INCIDENT:
MAIDEN NAME:	DOB: 19.05.58	LOCATION OF INCIDENT:	
ADDRESS: 103 FINELLA TCE	AGE: 41		
TEL. P.M. DUNDEE	RELIGION: [redacted]	COMPLAINT: GENERALLY [redacted] WELL.	
TEMPORARY ADDRESS:		GP NAME:	
TEL.	PREVIOUS ATTENDANCE: Y (N)	ADDRESS:	
NOK NAME: MARY BEATTIE	RTA: Y (N)	DR. MONTGOMERY	
ADDRESS:	REFERRED BY:	TAY CT. SURG.	
TEL. S.A.	ARRIVAL: AMBULANCE (Y) N	DUNDEE.	
NOTIFIED N/Y RELATIONSHIP [redacted]			

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor

The above named patient attended Accident & Emergency Department today 3.1.00

DIAGNOSIS Pyrexial - Flu

X RAY / ECG / INVESTIGATIONS SHOW

TREATMENT GIVEN Paracetamol
GP Flu if no improvement 24-48hrs.
Advised to obtain over counter cold/flu remedy

DRUGS Ibuprofen 400mg tds GIVEN BY MJ

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

DISPOSAL

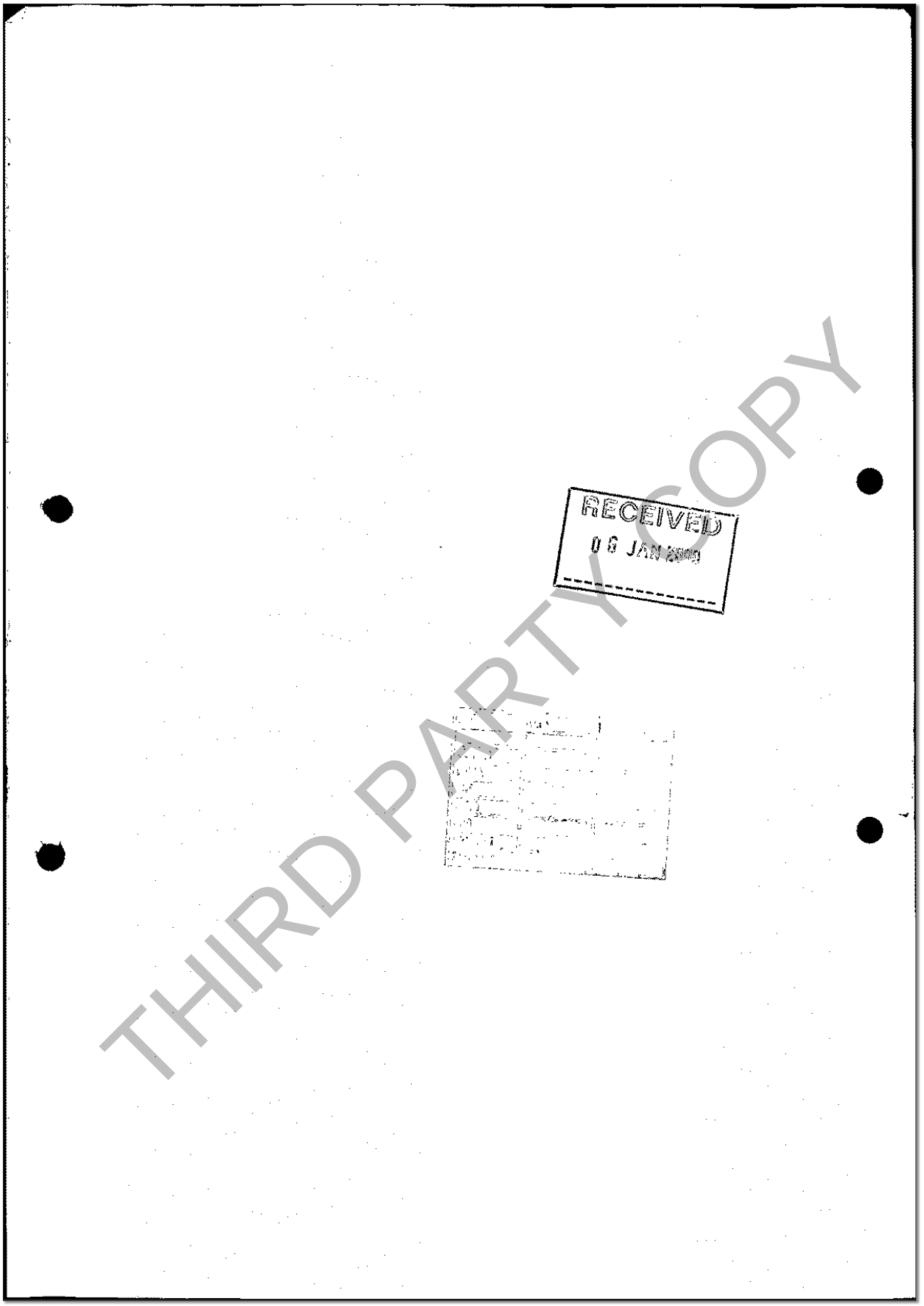
ADMITTED TO OP CLINIC

DISCHARGED TO Home

DOCTORS NAME (print)	SIGNATURE
SHORT	
CONSULTANT	TIME OF DISCHARGE
MJ.	

THB (MR470)

THIRD PARTY COPY



THIRD PARTY COPY

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 10.11.99

CHI No. 1 [redacted] [redacted] 5 5 8 0 0 3 7

Please arrange for this patient to attend the ENT clinic of Dr/Mr

Patient's Surname BEATTIE
First Names ROBERT
Address 103 FINELLA TERRACE
DUNDEE
Postal Code DD24 9NE Contact telephone number 866326

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 19.05.58
Patients Occupation

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

Name of Hospital NINEWELLS

Year of Attendance 1999 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

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

I would be grateful for your review of this gentleman who was last seen in July of this year after a bad episode of supraglottitis. Ever since then he is getting episodes where he completely loses his voice or talks like [redacted] Duck and this can last several days. He is finding it extremely frustrating and certainly when I saw him he could barely speak to me.

I would therefore be grateful if someone could have another look at his cords.

He is currently under the Neurosurgeons and is awaiting an MRI scan of his neck as he is getting a lot of pain there. He has had several whiplash injuries in cars down through the years.

Yours sincerely

Dr A J [redacted]

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_____

Dd8435631 3/93 15M 13161 355-2104

THIRD PARTY COPY

Your Ref:

Our Ref:

Enquiries to:

TAYSIDE
University Hospitals
NHS Trust

DIRECTORATE OF NEUROSCIENCES

DEPARTMENT OF SURGICAL NEUROLOGY

NP/FMcL 19 05 58 0037

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

20th September, 1999.
Clinic: 16.9.99

Dr. A. J. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE DD1 1PF.

Dear Dr. [redacted]

Re: Robert Beattie, 103 Finella Terrace, DUNDEE DD4 9NE.

Thank you for referring Mr. Robert Beattie to the Neurosurgical Clinic today. This pleasant 42 year old unemployed man says he has been involved in several road traffic accidents over the last years the last being in January. He has experienced at least 5 years of intermittent neck discomfort this affecting him principally after long drives and at night. He has quite a sore and stiff left shoulder girdle since the last RTA. For almost a year he has experienced flashes of pain lasting a few seconds, going down the left arm into the hand. He has very occasional paraesthesia affecting both hands. He considers sphincter function and leg function to be satisfactory. He used to be a taxi driver. He is divorced and has children.

On examination of lean build, right handed. Symmetrical musculature with no wasting observed. No neurological deficit in the arms. No deficit in the legs. Neck movement was of reasonable range. During testing of the muscle power in the upper part of the left arm there was some discomfort experienced on moving the left shoulder.

The plain cervical spine radiology of the 22nd July, 1999 demonstrates some mild spondylotic change with some narrowing of the C5/6 disc space.

The patient may have some cervical intervertebral foraminal narrowing with cervical root impingement intermittently. We will arrange for an MRI cervical spine study to be performed on an Out-Patient basis. There is a waiting time for this procedure. He will be reviewed at the Clinic with the result of the Scan.

Yours sincerely,

NEP

NIGEL PAGE,
Locum Consultant Neurosurgeon.

Date	File	Enter on
		Computer
FMoG		
RMA		
CF		
AJM	23 SEP 1999	
SG		
Nurse 1		
Nurse 2		

RECEIVED
23 SEP 1999

THIRD PARTY COPY

DIRECTORATE OF ORTHOPAEDICS

TAYSIDE
University Hospitals
NHS Trust

Your Ref:

Our Ref: MS/CC 190558 0037

Enquiries to: Orthopaedics Clinic - Mr M M [redacted]

Dr [redacted]
Tay Ct Surgery
50 South Tay Street
Dundee

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Clinic: 29.07.99
Typed: 05.08.99

Dear Dr [redacted]

Re: Robert Beattie, 103 Finella Tce, Dundee DD4 9NE

Mr Beattie did not attend today's clinic, no further appointments have been made.

Yours sincerely

Mr M M [redacted]
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

Chairman: Sir [redacted] DSc FRS FRSE Chief Executive: Mr [redacted] M White

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 11.08.99

CHI No. 1 9 [redacted] 5 5 8 0 0 3 7

Please arrange for this patient to attend the NEUROSURGERY clinic of Dr/Mr

Patient's Surname BEATTIE
Maiden Surname
First Names ROBERT
Single/Married/Widowed/Other
Address 103 FINELLA TERRACE
Date of Birth 19.05.58
DUNDEE
Patients Occupation
Postal Code D4 9NE Contact telephone number 866326
Has the patient attended hospital before YES/NO If yes please state:

Name of Hospital NINEWELLS

Year of Attendance 1999 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

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

I would be grateful for your opinion on this young gentleman who is having a lot of trouble with his neck and shoulders but actual symptoms going into his upper arms with a feeling of loss of power and weakness especially when he tries to raise them. I had actually referred him to the shoulder clinic because of his right shoulder but now his symptoms are bilateral and we are getting more concerned that he may have suffered from spinal stenosis. An x-ray of his neck recently showed osteophytic lipping and slight reduction in the joint space between C5 and C6 in keeping with cervical spondylosis, the alignment was maintained.

This young man does have quite thick case notes, he has been under the Gastroenterologist quite a bit over the years and has also had pancreatitis in the past, although he has always denied alcohol abuse. He has been a taxi driver in the past and I think has had whip lash injuries to his neck as a result of road traffic accidents. I think he was once involved in a high-speed accident which wasn't reported to the authorities at the time. More recently he was in ear, nose and throat with a very nasty tonsillitis/supraglottitis, a month later his voice still hasn't completely recovered. He has been on long-term Dihydrocodeine, Tramadol, Temazepam and Ibuprofen.

Thanking you for your help.

Yours sincerely

Dr A J [redacted]

Diagnosis/provisional diagnosis

Present drug treatment and potential special hazards

X-Ray (women of childbearing age) Date of first day of [redacted]

Relevant X-rays available from

No. (if known)
Signature_____

Dd8435631 3/93 15M 13161

355-2104

THIRD PARTY COPY

Your Ref:
Our Ref: QG/LH/MPI 1905580037
Enquiries to: Mr Quentin [redacted] Ward 26

TAYSIDE
University Hospitals
NHS Trust

Directorate of Otolaryngology
Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Dr [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date 28/07/99
Clinic 22/07/99

Dear Dr [redacted]

Robert Beattie, 103 Finnella Terrace, Dundee.

I am pleased to say that Mr Beattie's throat is very much improved. You will remember that he recently had an episode of supraglottitis.

Examination today showed minor erythema but no abnormalities. I have not routinely arranged to see him again.

Yours sincerely

Mr Q G [redacted]
Consultant ENT Surgeon

THIRD PARTY COPY

Chairman: Sir [redacted] DSc FRS FRSE Chief Executive: Mr [redacted] M White

Your Ref:

Our Ref: OH/AK/MPI 19 05 58 0037

Enquiries to: Mr. O. Hilmi, Ward 26

TAYSIDE
University Hospitals
NHS Trust

Directorate of Otolaryngology

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone: 01382 660111

Dictated 09 07 99

Dr [redacted]
Tay Court Surgery
50 South Tay Street
Dundee Teaching Hospitals

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, Dundee Teaching Hospitals

Date of admission: 05 07 99

Date of discharge: 07 07 99

Diagnosis: Supraglotitis

Operative procedure: IV antibiotics

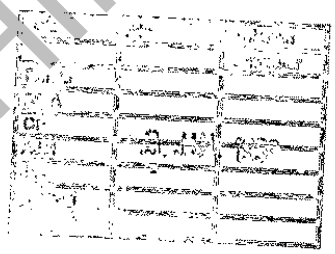
Post operative complications: Nil

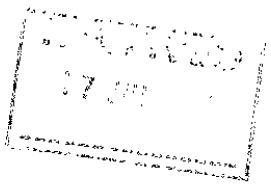
Out Patient Review: Two weeks

This patient presented with increasing sore throat and endoscopy revealed a supraglotitis. He was treated with intravenous antibiotics and settled on the Ward. We will be seeing him in two week's time.

Yours sincerely,

O. Hilmi
ENT Specialist Registrar





THIRD PARTY COPY

FOR PHARMACY USE:
Checked by
Clinical Pharmacist
Patient Counselled
(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. Montgomery
Tay Ct Surg
Dundee

Ward/Clinic 26 N|W
Hosp. Gardiner Cons.

D D M M Y Y
1 9 0 5 5 8 C.H.I. No.

Surname Beattie
First Name Robert M. State
Address 103 Finella Tce Sex
Dundee

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate)

Date of Admission: 5/7/99

*Delete as appropriate

..... 2nd Fold .....

M

When Medicines are to be dispensed all copies to be sent to Pharmacy

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	8/7/99	Ent	Gardiner	Home			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Tonsillitis

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS: +

OTHER OPERATIONS / PROCEDURES:

Suspected ...

MEDICINE TREATMENT ON DISCHARGE

Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY Number	Brand Names (for information only)
	Clindamycin	300mg		✓ ✓ ✓	½	56×150mg ✓
	Cocodamol Tabs			As Regd	20 ✓	

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

C

LA

CONDITION ON DISCHARGE: COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
		2/52	QC	GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT 7-7-99 (TIME) 16.00

Signature ..... Status SHO

for QC Consultant Date 7/7/99

Dispensed By James Warren

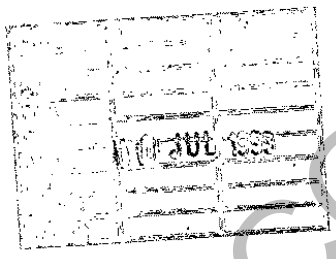
Checked By H. Lavye

Date 7-7-99

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

THIRD PARTY COPY



THIRD PARTY COPY

99 Hospital N/WELLS

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST

A&E No. 99/23389

CONSULTANT NN (INITIALS)

PATIENT

SURNAME BEATTIE	MPI No. 0037	DATE 5/7/99	TIME OF ARRIVAL 1505
FORENAME ROBERT	SEX M / MARITAL STATUS S	DATE OF INCIDENT	TIME OF INCIDENT
MAIDEN NAME	DOB 90558	LOCATION OF INCIDENT HOME	
ADDRESS 103 FINELLA TER DUNDEE	AGE 41		
TEL. 866326	RELIGION	COMPLAINT UNWELL	

T

TEMPORARY ADDRESS	[redacted]	GP NAME MONTGOMERY
TEL.	PREVIOUS ATTENDANCE Y / N	ADDRESS TAY CT SURG DUNDEE

NOK

NAME	RTA Y / N	
ADDRESS S/A	REFERRED BY	
TEL.	ARRIVAL: AMBULANCE Y / N	
NOTIFIED N/Y RELATIONSHIP [redacted]		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor Montgomery

The above named patient attended Accident & Emergency Department today – with tonsillitis

DIAGNOSIS & systemically unwell

X RAY / ECG / INVESTIGATIONS SHOW –

TREATMENT GIVEN – IV access, fluids
– Bloods taken – cultures
– ENT for a/b's etc Tx

DRUGS _____ GIVEN BY _____

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE _____ TT BOOSTER _____ HATI _____

DISPOSAL

ADMITTED TO WD26 OP CLINIC _____

DISCHARGED TO _____

DOCTORS NAME (print) D EDWARDS	SIGNATURE
CONSULTANT – Nicholls	TIME OF DISCHARGE 16.10 from A+E

THB (MR470)

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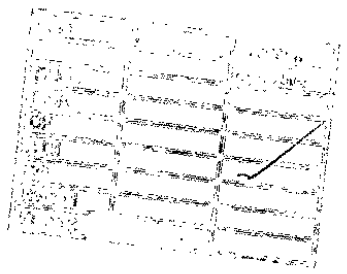

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664353

DATE : 7 TIME : ~~A.M.~~ NURSE : Cathie

NAME Rht Beattie.

DATE OF BIRTH/MPI 19/5/58

ADDRESS 103 Fmella Tce,

NATURE OF CALL :

HOUSECALL	(✓)
EMERGENCY APPOINTMENT	( )
ADVICE	( )

CURRENT PROBLEM :

= Sore throat temp .. =

= etc

Phoned DrM → will phone patient

OUTCOME :

REFER TO DOCTOR	( )
HOUSECALL	( )
EMERGENCY APPOINTMENT	( )
ROUTINE GP APPOINTMENT	( )
APPOINTMENT FOR NURSE	( )

ADVICE GIVEN :

THIRD PARTY COPY

Hospital N. WELLS

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST

A&E No. 99/31851

CONSULTANT N.N. (INITIALS)

PATIENT

SURNAME BEATTIE	MPI No.	DATE 24.6.99	TIME OF ARRIVAL 0325.
FORENAME ROBERT	SEX M / MARITAL STATUS	DATE OF INCIDENT 23.6.99	TIME OF INCIDENT 1430
MAIDEN NAME	DOB 19.5.58.	LOCATION OF INCIDENT ~~WORK~~ HOME	
ADDRESS 103 FINELLA TCE TEL. 866326 DUNDEE	AGE / RELIGION AGN.	COMPLAINT PAINFUL (L) ARM + (R) SHOULDER.	
TEMPORARY ADDRESS TEL.	[redacted] PREVIOUS ATTENDANCE Y N	GP NAME ADDRESS DR. MONTGOMERY TAY CT. SURG DUNDEE	
NOK NAME ADDRESS TEL. S.A NOTIFIED N/Y RELATIONSHIP MOTHER	RTA Y (N) REFERRED BY SELF ARRIVAL: AMBULANCE Y (N)		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor Montgomery

The above named patient attended Accident & Emergency Department today

DIAGNOSIS muscular pain (L) [redacted] shoulder (R) shoulder

X RAY / ECG / INVESTIGATIONS SHOW /

TREATMENT GIVEN advice + reassure

DRUGS Co-dydramol (20) GIVEN BY

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

DISPOSAL

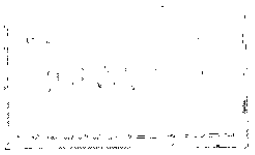
ADMITTED TO OP CLINIC

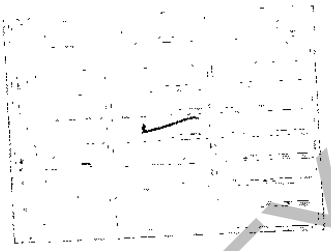
DISCHARGED TO Home

DOCTORS NAME (print)	SIGNATURE
JOSS	
CONSULTANT NN	TIME OF DISCHARGE

THB (MR470)

THIRD PARTY COPY





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Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 31.05.99

CHI No.	1	9	0	5	5	8	0	0	3	7

Please arrange for this patient to attend the ORTHOPAEDIC - SHOULDER CLINIC clinic of Dr/Mr

Patient's Surname BEATTIE Maiden Surname

First Names ROBERT Single/Married/Widowed/Other

Address 103 FINELLA TERRACE Date of Birth 19.05.58

DUNDEE Patients Occupation

Postal Code DD4 9NE Contact telephone number 866326

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

Name of Hospital NINEWELLS

Year of Attendance 1999 Hospital No. 0037

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

AS ABOVE

Can patient attend at short notice? YES/NO

If YES, minimum notice required

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

I would be grateful for your advice on the management of this gentleman who gives a mixed picture concerning his right shoulder. He complains of pain and clicking in his shoulder and is unable to lift a bucket of coal with his right arm nor is be able to lift his hand and put it behind his head. However, he also occasionally gets trouble with the left shoulder but it doesn't click. We also know from a previous x-ray that he has established spondylotic changes at C5/6 and C6/7. The left shoulder x-ray was reported as being negative and the right shoulder x-ray was reported as no evidence of underlying bone or joint abnormality. He is taking a combination of Dihydrocodeine, Tramadol, Temazepam and Ibuprofen for all his woes. He is unable to do his work as a Taxi Driver at the moment and I am grateful for the benefit of your opnion.

Yours sincerely

Dr A J [redacted]

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

0dS435631 3/93 15M 13161 355-2104

THIRD PARTY COPY

96

Hospital N/N

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

A&E No. 99/9694

CONSULTANTS

Dr. [redacted]	
Mr [redacted]	✓
Miss GULY	

PATIENT

SURNAME: BEATTIE	MPI No. 0037	DATE 23.3.99	TIME OF ARRIVAL 00-43
FORENAME: ROBERT	SEX M / MARITAL STATUS S	DATE OF INCIDENT 6WKS AGO	TIME OF INCIDENT
MAIDEN NAME	DOB 19 5 58	LOCATION OF INCIDENT OUTSIDE	
ADDRESS 103 FINTHLA TCE DUNDEE	AGE 40	COMPLAINT R. SHOULDER	
TEL.	RELIGION		

T

TEMPORARY ADDRESS DD4 9NE	OCCUPATION/SCHOOL	GP NAME DR MONTGOMERY
TEL.	PREVIOUS ATTENDANCE Y N	ADDRESS 50 S TAY ST

NOK

NAME	RTA Y N	
ADDRESS	REFERRED BY	
TEL. 866326	ARRIVAL: AMBULANCE Y N	
NOTIFIED N/Y RELATIONSHIP MUM		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor Dr Montgomery.

The above named patient attended Accident & Emergency Department today 23/3/99.

DIAGNOSIS ? Rotator cuff tear.

X RAY / ECG / INVESTIGATIONS SHOW

TREATMENT GIVEN Pain and ↓ movement of shoulder for past 6 weeks. May need orthopaedic referral. Already taking dihydrocodeine with no relief.

DRUGS GIVEN BY

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

DISPOSAL

ADMITTED TO OP CLINIC C

DISCHARGED TO Home.

DOCTORS NAME (print)	SIGNATURE
M. STARK.	M. Stark
CONSULTANT	**TIME OF DISCHARGE**
Mr Johnston.	0145.

DMR 245

THIRD PARTY COPY

THIRD PARTY COPY

Dundee Healthcare NHS TRUST

Request for Physiotherapy Assessment - Community Therapy Centre 3 Kemback St. Dundee DD4 6PG

Dr A [redacted] (7018) Taycourt Surgery (11058)

Date of referral : 150299

Patient's Name : ROBERT BEATTIE CHI : 190558 / 0037

Address : 103 FINEWA TERRACE

DUNDEE

Postcode: DD4 9NE Telephone: 866326

Symptoms:

This young gentleman has had recurrent trouble with his neck with pain being referred down to his right shoulder and down to his right elbow. He has been involved in several road traffic accidents in the past. I An x-ray of his back in June 1997 showed established spondylotic change particularly at C5/6 and C6/7. There was no radiological evidence of trauma. The alignment of individual cervical vertebral bodies remained intact. He currently takes Dihydrocodeine and Tramadol, Ibuprofen and also Temazepam at night. He is unable to pursue his occupation as a Taxi Driver at present. Thanking you for your help.

Current Medication:

Has the patient had a recent X-ray ~~Yes~~ / No (please delete) Date : _____

Results :

GP. signature _____

Dr A Montgomery

THIRD PARTY COPY

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Call Number: 2551	Date: 04-Jan-99	Time: 00:09	Passed: 00:09

Patient Details:

Name: robert beattie
Address: 103 finella terrace
Town: Dundee
Region: Tayside
Post Code:

Sex: Male
DOB: 19-May-58
Tel: 866326
Contact: [redacted]
Patient is Non Registered ☐

Call Location:

103 finella terrace
Dundee
Tayside
866326

Registered GP Details:

Dr Name Montgomery
Practice: Taycourt
Script No T7018-1

Home Details:

Home GP
Home Practice:

Complaint:

Refusing to go to hospital

Consultation Start: Status: Visit: ☐ Tel: ☑ Base: ☐ Cancelled: ☐ DNA: ☐

History / Examination

See earlier call sheet. ? drowsy ©
0030 Call cancelled. He's fine apparently. TCA ? abnormally drowsy, vomiting, ↑ headache, visual upset. No sign of injury on head apparently.

Diagnosis

Head Bump

Drugs	Form	Strength	No	Category

Outcome Death: ☐ GP to certify ☐

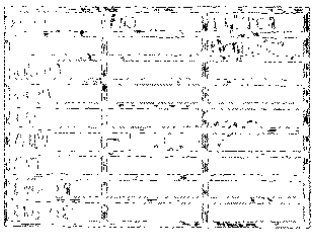
Refer To:
Dept:
Review by GP ☐ Where:
When:
Patient to contact GP ☐

Call Handled as: TR ☐ ET ☐ INT ☐

Duty Doctor: Signature: [signature] Print: Summers Call Complete: Date: 4/1/99 Time: 0040

THIRD PARTY COPY

RECEIVED
09 JAN 1998



THIRD PARTY COPY

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Call Number: 2542	Date: 03-Jan-99	Time: 23:35	Passed: 23:35

Patient Details:

Name: robert beattie
Address: 103 finella terrace
Town: Dundee
Region: Tayside
Post Code:

Sex: Male
DOB: 19-May-58
Tel: 866326
Contact: [redacted]
Patient is Non Registered ☐

Call Location:

103 finella terrace
Dundee
Tayside
866326

Registered GP Details:

Dr Name [redacted]
Practice: Taycourt
Script No T7018-1

Home Details:

Home GP
Home Practice:

Complaint:

in RTA, bumped head, sleepy

Consultation Start:

Status: Visit: ☐ Tel: ☑ Base: ☐ Cancelled: ☐ DNA: ☐

History / Examination

In RTA at 8 pm – banged head. – didn't attend hosp
Now seems confused & drowsy.

Advised to attend casualty

Diagnosis

Confused post RTA.

Outcome Death: ☐ GP to certify ☐

Refer To:
Dept:
Review by GP ☐ Where:
When:
Patient to contact GP ☐

Drugs

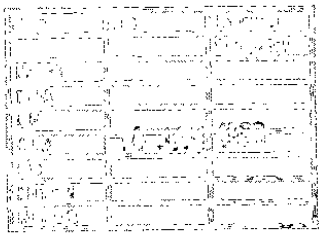
Drugs	Form	Strength	No	Category

Call Handled as: TR ☐ ET ☐ INT ☐

Duty Doctor:	Signature:	Print:	Call Complete: Date:	Time:
	My MacA	Dr MacA	3.1.99	23:40

THIRD PARTY COPY

RECEIVED
04 JAN 1999



THIRD PARTY COPY

94C. DRI

Hospital DRI

CONSULTANTS

Dr. [redacted]	✓
Mr [redacted]	
Miss GULY	

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

A&E No. 98/30518

PATIENT

SURNAME BEATTIE | MPI No. 0034 | DATE 15.9.98 | TIME OF ARRIVAL 14.35

FORENAME ROBERT C. | SEX M. | MARITAL STATUS S | DATE OF INCIDENT ✓ | TIME OF INCIDENT

MAIDEN NAME | DOB 19.5.58 | LOCATION OF INCIDENT FAN BELT

ADDRESS 103 FINELLA TCE DUNDEE DD4 9NE | AGE 40 | COMPLAINT CUT FINGER

TEL. | RELIGION PROT.

T

TEMPORARY ADDRESS | [redacted] | GP NAME A. MONTGOMERY

TEL. | PREVIOUS ATTENDANCE Y N | ADDRESS TAYCOURT SURGY DUNDEE

NOK

NAME M. BEATTIE | RTA Y N

ADDRESS S/A | REFERRED BY

TEL. 866326 | ARRIVAL: AMBULANCE Y N

NOTIFIED N/Y | RELATIONSHIP MOTHER

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor A. MONTGOMERY.

The above named patient attended Accident & Emergency Department today

DIAGNOSIS Soft Tissue laceration (R) thumb.

X RAY / ECG / INVESTIGATIONS SHOW

TREATMENT GIVEN Reassurance.
Wound to be cleaned and dressed Analgesia
To be [redacted] by [redacted] nurse and dressings changed
DRUGS GIVEN BY Today 15th Sept.

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

Pt. says he is up to date c. boosters.

DISPOSAL

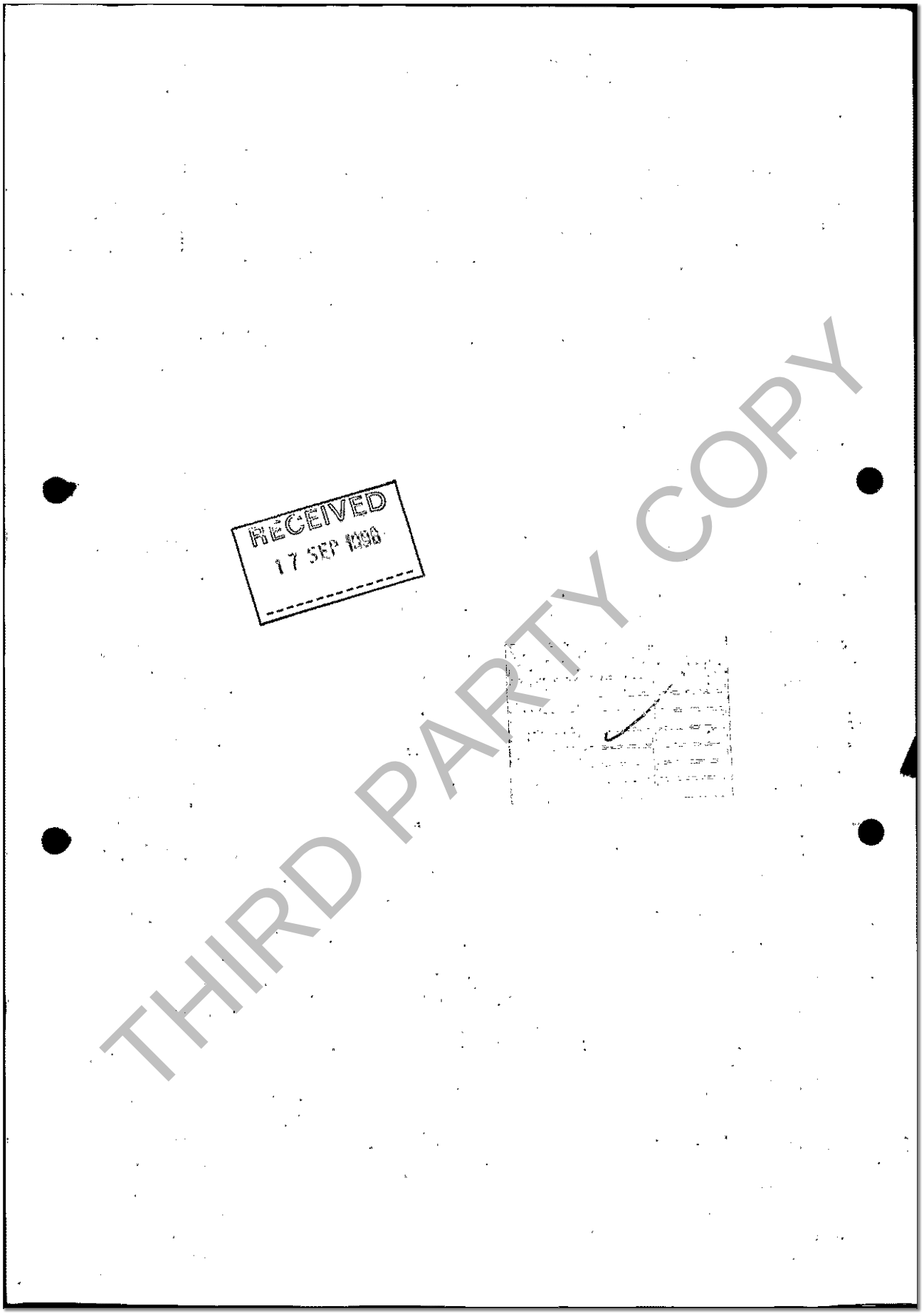
ADMITTED TO OP CLINIC

DISCHARGED TO HOME.

DOCTORS NAME (print)	SIGNATURE
A A BARRETT.	AABarrett.
CONSULTANT	**TIME OF DISCHARGE**
UG.	1845

DMR 245

THIRD PARTY COPY



THIRD PARTY COPY

AJM/EMCD

19 June 1998

Ms [redacted] Gaffney
Chartered Physiotherapist
Ninewells Hospital
Dundee

Dear Ms Gaffney

Robert Beattie, 103 Finella Terrace, Dundee DD4 9NE
DOB : 19.05.58 0037

Thank you for your copy of your letter to Mr Jain concerning this patient. I asked him today about his failure to attend and he maintained that he never received an appointment. He still claims he is unable to drive his taxi and is receiving Insurance Lines. He continues to take Dihydrocodeine, Tramadol and Ibuprofen.

I would therefore be grateful if he could be given a second chance.

Yours sincerely

Dr A J [redacted]

c.c. : Mr Jain

THIRD PARTY COPY

C97 DR7

Hospital DR7

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

A&E No. 98/18115

CONSULTANTS

Dr. [redacted]	✓
Mr [redacted]	
Miss GULY	

PATIENT

SURNAME BEATTIE	MPI No. 0037	DATE 5-6-98	TIME OF ARRIVAL 2245
FORENAME ROBERT	SEX M / MARITAL STATUS	DATE OF INCIDENT 5-6-98	TIME OF INCIDENT
MAIDEN NAME	DOB 19-5-58	LOCATION OF INCIDENT GR.	
ADDRESS 103 FINDLA TCE DUNDEE	AGE 40	COMPLAINT (L) KNEE	
TEL.	RELIGION —		

T

TEMPORARY ADDRESS DD4 9 NE	OCCUPATION/SCHOOL	GP NAME DR MONTGOMERY
TEL.	PREVIOUS ATTENDANCE Y N	ADDRESS 505 LAY ST DUNDEE

NOK

NAME	RTA Y N	
ADDRESS	REFERRED BY	
TEL. 866326	ARRIVAL: AMBULANCE Y N	
NOTIFIED N/Y RELATIONSHIP WIFE		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor

The above named patient attended Accident & Emergency Department today

DIAGNOSIS SOFT TISSUE INJURY LEFT KNEE

X RAY / ECG / INVESTIGATIONS SHOW Nil indicated

TREATMENT GIVEN - Tubigrip
- Advised symptomatic analgesia + mobile

DRUGS GIVEN BY

TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

DISPOSAL

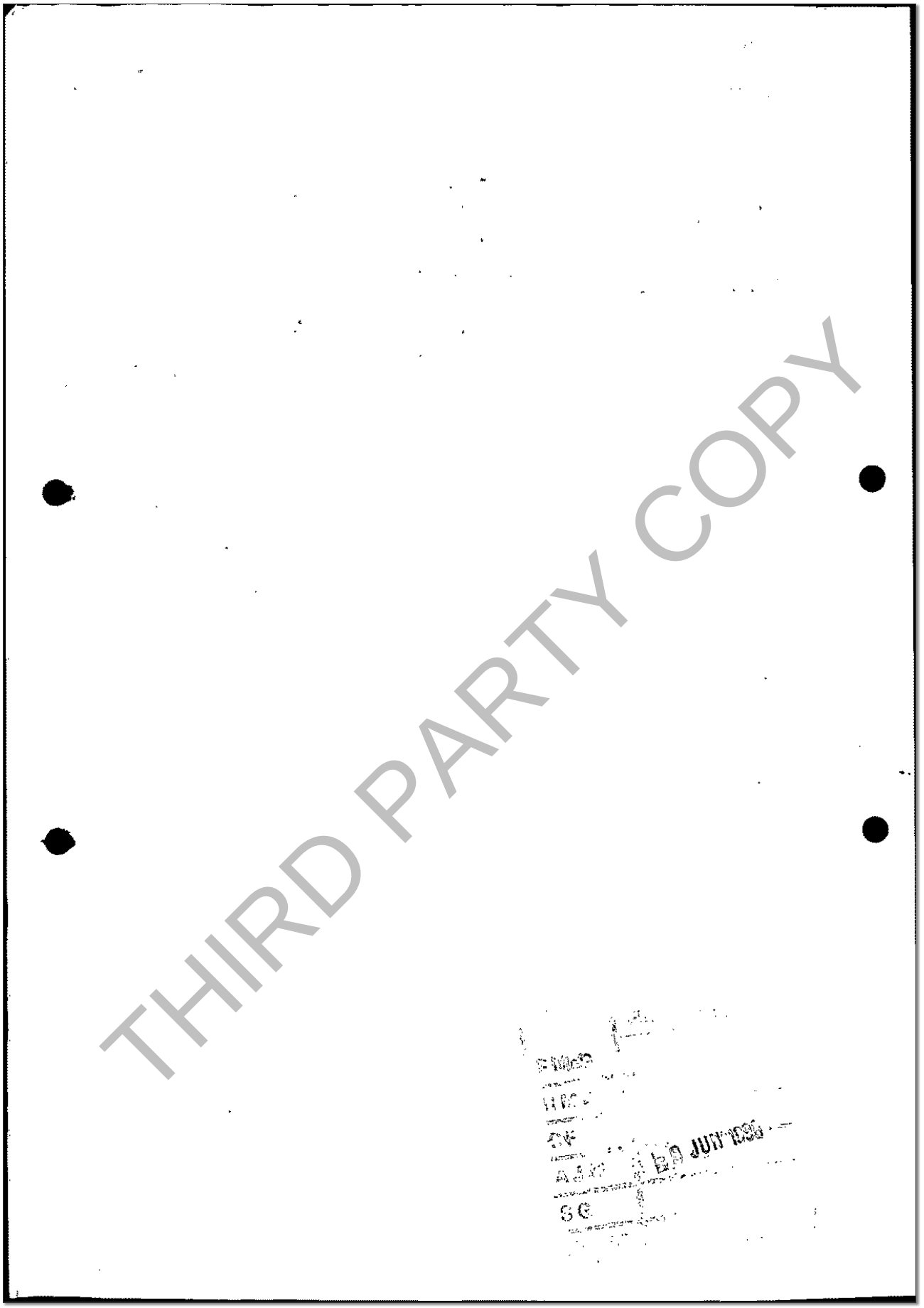
ADMITTED TO OP CLINIC

DISCHARGED TO HOME

DOCTORS NAME (print)	SIGNATURE
M CAIRNS	M Cairns
CONSULTANT	**TIME OF DISCHARGE**
MORRISON.	2345

DMR 245

THIRD PARTY COPY



THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH [redacted] TRUST

PROFESSIONS ALLIED TO MEDICINE DIRECTORATE
PHYSIOTHERAPY SERVICE

Your Ref. NG/MN 19 05 58 0037
Our Ref. [redacted] Gaffney (Ext 36208)
Enquiries to:–

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 01382 660111

19 May 1998

Mr A Jain
Consultant Orthopaedic Surgeon
Dundee Royal Infirmary

Dear Mr Jain

Robert Beattie 103 Finella Terrace Dundee (19 05 58 0037)

The above patient has failed to attend their physiotherapy treatment and as they have not contacted the department, no further appointment will be arranged.

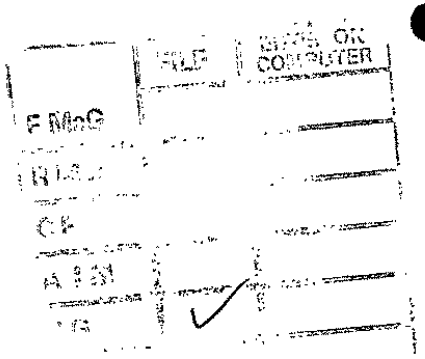
The patient has, therefore, been discharged from treatment.

Yours sincerely

pp Bruce

[redacted] Gaffney
Chartered Physiotherapist

Copy: Dr A [redacted] Tay Court Surgery, 50 South Tay Street, Dundee



THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.

Our Ref. GCF/AM/19 05 58 0037

Orthopaedic Clinic - Mr Foubister

Enquiries to:-

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 01382 660111

DIRECTORATE OF ORTHOPAEDICS

Clinic: 13.3.98
Typed: 13.3.98

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Dear Dr [redacted]

RE: ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE

Diagnosis: Cervical sprain.
Bilateral lateral epicondylitis.

Thank you for asking me to see this 39 year who has not been successfully able to return to work as a taxi driver since he injured himself when driving a car without a seatbelt in 2/97. He tells me that it was some 2 weeks after the road traffic accident when he developed increasing stiffness in his neck and was apparently referred to A & E. Since then he has tried to return to taxi work but finds that rotation induces his neck pain. This is described in a low cervical spine, is variably present at night but has no peripheral expression beyond occasional radiation over both trapezei.

As a second problem he indicates that you have injected the left elbow on perhaps 7 or 8 occasions with some benefit but in the past 4 months he has found the lateral aspect of the right elbow persistently difficult when lifting objects.

Examination confirms a well muscled male who denied steroid injection or any upper body weight lifting. He has no particular cervical spasm or deformity, neck movements are around 75%, right lateral rotation seems to induce some discomfort low in the cervical spine whilst he has no abnormal neurology in his upper limbs and is walking normally. There is clinical evidence of point tenderness over the lateral epicondyle on the right elbow only and the elbow and shoulders have a full range of movements.

I have advised him that there is no evidence of fracture in his cervical spine, particularly an area referred to from his A & E films, shows minor spondylotic changes at 5/6 and 6/7 only. Whilst he clearly has lateral epicondylitis this is best managed by stretching exercises which I have taught him. I would be disappointed if he did not return to taxi driving and advised him that it is fairly unusual for this pattern of soft tissue injury in the neck to resolve to loss of occupation though symptoms may continue for several years. He has defaulted on one occasion at Kemback, when I gather he had flu, he tells me he will attend physiotherapy for a course of self help exercises for cervical spine otherwise I have reassured him and discharge him. I would hope that he would find gainful employment shortly.

Yours sincerely

G C Foubister FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

INDICATED BUT NOT PAID

THIRD PARTY COPY

THIRD PARTY COPY

AJM/EMCD

26 November 1997

Mr G Foubister
Consultant Orthopaedic Surgeon
Dundee Royal Infirmary
Dundee

Dear Mr Foubister

Robert Beattie, 103 Finella Terrace, Dundee DD4 9NE
DOB : 19.05.58 0037

This gentleman was referred to the clinic in July and would have appeared to have missed his appointment for the end of August. I was questioning him about this today as he was complaining of a lot of pain and he maintained that he never received his appointment. I suspect the given address is an address of convenience as all of his many [redacted] seem to live there as well. I have told him to keep a careful eye out for his appointment card in future. He still continues to consume large quantities of Dihydrocodeine and also Tramadol and Temazepam.

Sorry to trouble you in this matter.

Yours sincerely

Dr A J [redacted]

THIRD PARTY COPY

DUNDEE
TEACHING
HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.
PH/CD/1905580037
Our Ref.
Orthopaedic Clinic - Mr Foubister
Enquiries to:-

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 01382 660111

DIRECTORATE OF ORTHOPAEDICS

Clinic:- 22nd August 1997
Typed:- 25th August 1997

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
Dundee

Dear Dr [redacted]

Re: Robert Beattie, 103 Finella Terrace, Dundee

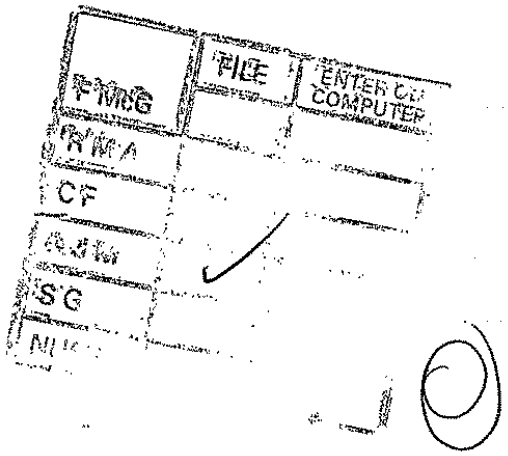
Diagnosis: Neck and shoulder pain.

This gentleman failed to attend the Clinic appointment we made with him and we have not heard from him to give any explanation. No further appointment is being sent.

Yours sincerely

P Henman
Specialist Registrar

DICTATED BUT NOT [redacted]



THIRD PARTY COPY

Chairman: Sir [redacted] D.Sc., F.R.S. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons.), F.H.S.M., Dip.H.S.M., Grad.I.P.D.

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☑ Soon ☐ Urgent ☐

Hospital D R I Date 03.07.97

CHI No. 1 9 0 5 5 8 0 0 3 7

Please arrange for this patient to attend the NECK & SPINAL CLINIC clinic of Dr/Mr

Patient's Surname BEATTIE Maiden Surname

First Names ROBERT Single/Married/Widowed/Other

Address 103 FINELLA TERRACE Date of Birth 19.05.58

DUNDEE Patients Occupation

Postal Code DD4 9NE Contact telephone number

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

Name of Hospital D R I

Year of Attendance 1997 Hospital No. 0037

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

Can patient attend at short notice? YES/NO
If YES, minimum notice required

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

I would be grateful for your advice on this gentleman who has had progressive chronic pains in his neck, shoulders and lower back for many years now. An x-ray of the cervical spine carried out in 1993 showed a little early spondylotic change and in June this year shows established changes at C5/6 and C6/7. The patient has been on Dihydrocodeine and Temazepam for a long time now. I find it difficult to ascertain whether he is locked into a chronic pain/invalid . He has had the occasional road traffic accident with whiplash injury the last being in early May when he was in a car that drove into a ploughed [redacted] at high speed without seatbelts.

He has a past history of pancreatitis. He smokes heavily. I regret that he has not always been a good keeper of appointments at clinics. Today he looked pretty miserable and I would be grateful for your advice concerning his best management.

Yours sincerely

Dr. A J [redacted]

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_____

0d8435631 3/93 15M 13161

355-2104

THIRD PARTY COPY

DUNDEE
TEACHING
HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.

Our Ref. ASJ/JW 19 05 58/0037

Enquiries to:-

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 01382 660111

DIRECTORATE OF ORTHOPAEDICS

30th June, 1997

Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
Dundee.

Dear Dr. [redacted]

ROBERT BEATTIE, 103 FINELLA TCE., DUNDEE.

Please find enclosed a copy letter from the Physiotherapy Department regarding the above patient which is self-explanatory.

Yours sincerely,

for A.S. JAIN
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

02 JUL 1997

Chairman: Dr. J. [redacted] Fair, M.A, LL.B, W.S, LL.D. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons.), M.H.S.M., Dip.H.S.M., Grad.I.P.D.

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

PROFESSIONS ALLIED TO MEDICINE DIRECTORATE
PHYSIOTHERAPY DEPARTMENT

Your Ref.

Our Ref. NG/LM/19 05 58/0037

Enquiries to:- [redacted] Gaffney
☎: 346633

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 01382 660111

24 June 1997

Mr A S Jain
Consultant Orthopaedic Surgeon
Dundee Royal Infirmary
DUNDEE

Dear Mr Jain

Robert Beattie, 103 Finella Terrace, Dundee, DD4 9NE. D.O.B. 19.05.58/0037

Diagnosis: Lateral epicondylitis

Mr Beattie turned up 20 minutes late for assessment and was unable to be seen. He was re-allocated another appointment which he did not attend.

Since we have had no further contact from Mr Beattie he has been discharged from our lists.

Yours sincerely

[redacted] Gaffney
Senior Physiotherapist

THIRD PARTY COPY

Hospital DRI

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

A&E No. 97/15300

CONSULTANTS

Dr. [redacted]	
Mr [redacted]	
Miss GULY	✓

PATIENT

SURNAME BEATTIE	MPI No. 0034	DATE 8.5.94	TIME OF ARRIVAL 0020
FORENAME ROBERT	SEX M STATUS SEP	DATE OF INCIDENT 1.5.94	TIME OF INCIDENT AM
MAIDEN NAME	DOB 19.5.58	LOCATION OF INCIDENT NO ACCIDENT	
ADDRESS 103 FINELATE TCE TEL. PM. DUNDEE	AGE 38	COMPLAINT PAIN GROIN.	
TEMPORARY ADDRESS TEL.	[redacted] PREVIOUS ATTENDANCE Y N	GP NAME DR. MONTGOMERY ADDRESS 50 S. TAY ST DUNDEE	
NOK NAME ADDRESS S\A TEL NOTIFIED N/Y RELATIONSHIP MOTHER	RTA Y N REFERRED BY ARRIVAL: AMBULANCE Y N		

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor MONTGOMERY

The above named patient attended Accident & Emergency department today 7/5/97

DIAGNOSIS PAIN IN RIGHT GROIN

X RAY / ECG / INVESTIGATIONS SHOW URINALYSIS - NO ABNORMALITY. APYREXIAL.

TREATMENT GIVEN ANALGESIA ADVISED FLUIDS +++

DRUGS Ibuprofen 400mg TDS (6).

TETANUS PROPHYLAXIS / HAS NOT BEEN GIVEN TT COURSE ____ TT BOOSTER ____ HATI ____

DISPOSAL

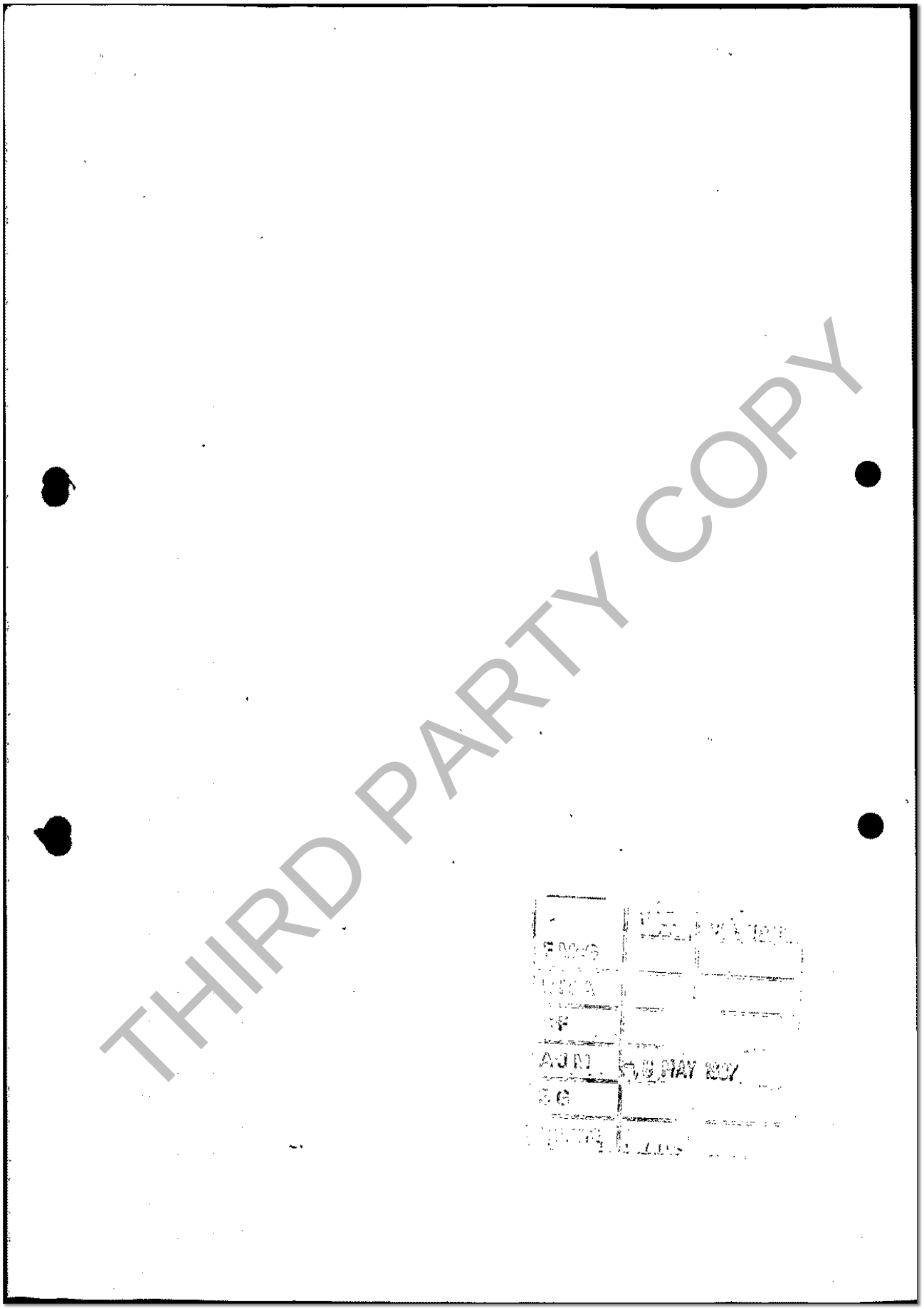
ADMITTED TO ____ OP CLINIC ____

DISCHARGED TO [redacted].

DOCTORS NAME (print) C DAVIDSON	SIGNATURE
CONSULTANT	TIME OF DISCHARGE 0100 (C)

DMR 245

THIRD PARTY COPY



THIRD PARTY COPY

DUNDEE
TEACHING
HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.

Our Ref. SM/JW 19 05 58/0037

Enquiries to:- Orthopaedic Clinic - Mr. A.S. Jain

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 01382 660111

DIRECTORATE OF ORTHOPAEDICS

Clinic: 17.4.97
Typed: 17.4.97

Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
Dundee.

Dear Dr. [redacted]

ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE.

Thank you for referring this patient whom I saw today on Mr. Jain's behalf.

He complains of pain in his left elbow, lateral condyle region, classical site for tennis elbow. He also had a few injections for the same.

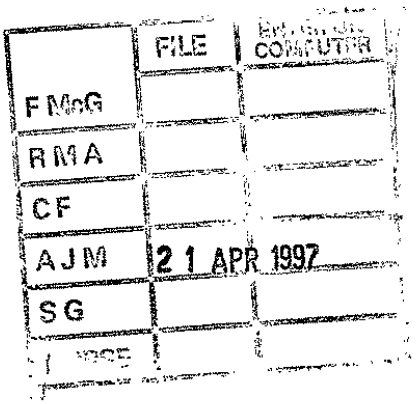
On examination quite tender over the above mentioned area.

I have referred him to the Physiotherapy Department for local ultrasound therapy. In the meanwhile he is to take anti-inflammatory analgesics as required. Further appointment as requested by the physiotherapist.

Yours sincerely,

S. MUNJAL
Orthopaedic Registrar

cc Physiotherapy Department, D.R.I.



THIRD PARTY COPY

Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine [✓] Soon [ ] Urgent [ ]

Hospital DRI Date 04.03.97

CHI No. 1 9 0 5 5 8 0 0 3 7

Please arrange for this patient to attend the ORTHOPAEDIC - ELBOW/ARM clinic of Dr/Mr

Patient's Surname BEATTIE
First Names ROBERT
Address 103 FINELLA TERRACE
DUNDEE
Postal Code DD4 9NE Contact telephone number

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 19.05.58
Patients Occupation

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

Name of Hospital NINEWELLS

Year of Attendance 1996 Hospital No. 0037

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

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

This gentleman has had a chronic problem with his left elbow for a long time. It flared-up last November so I gave him some Depo Medrone in to the area with no effect and if anything it actually got worse. He now has really quite a definite synovial swelling and it is painful to lift or grasp things. He used to work as a taxi driver. Long term he has been taking Dihydrocodeine and Temazepam and he is also on Ibuprofen as well.

Thank you for your help.

Yours sincerely

A J [redacted]

THIRD PARTY COPY

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

Dd8435631 3/93 15M 13161

355-2104

DUNDEE TEACHING HOSPITALS NATIONAL HEALTH SERVICE TRUST

DEPARTMENT OF DIGESTIVE DISEASES AND CLINICAL NUTRITION

Your ref:

Our ref: DAJ/JC/MPI 190558 0037

Enquiries to: Dr D A [redacted] Wards 5 & 6, Ext 3013

Directorate of General Medicine
Ninewells Hospital & Medical [redacted]
DUNDEE DD1 9SY
Tel: 01382 633884
Fax: 01382 632317

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date: 12.02.97
Clinic: 10.02.97
Dictated: 10.02.97

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, DUNDEE.

Mr Beattie has failed to attend his Medical Out-Patient appointment today and his previous appointment. He has therefore not been reappointed. If you feel we can be of any further assistance in his further management please let me know.

Yours sincerely

Dr D A [redacted]
Consultant Physician.

	FILE	ENTER ON COMPUTER
[illegible]		
[illegible]		
[illegible]		
AJM	14 FEB 1997	
SG		
NURSE		

THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS NATIONAL HEALTH SERVICE TRUST

DEPARTMENT OF DIGESTIVE DISEASES AND CLINICAL NUTRITION

Your ref:

Our ref: BASJ/JC/MPI 190558 0037

Enquiries to: Dr Rana, Wards 5 & 6 Ext 2307/3013

Directorate of General Medicine
Ninewells Hospital and Medical [redacted]
DUNDEE DD1 9SY
Telephone 01382 633884
Fax 01382 632317

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date: 08.10.96
Clinic: 30.09.96
Dictated: 30.09.96

Dear Dr [redacted]

Robert Beattie, 103 Finella Terrace, DUNDEE, DD4 9NE

Thank you very much for referring this 38 year old gentleman who has got separated from [redacted] and is undergoing a divorce. He has also got a 3 year old child. For more than 10 years he has been unemployed, before that he was working in various jobs.

In 1983 he was diagnosed to have a gastric ulcer for which he underwent vagotomy and pylori plasty. After that episode he has had multiple admissions with acute abdominal pain under surgeons and has had laparotomy done on 3 further occasions. He was also suspected to have chronic pancreatitis at some stage though he has CB and CT scan which were normal. At present his main symptoms seems to be pain in the centre of the abdomen which comes about 2 or 3 times a week and lasts for a variable period lasting from 1½ to 3 hours. He never vomits, his appetite has been well, his weight has been steady at about 12 stone for a long time. During the episodes of abdominal pain whenever he feels sick he drinks Fortisip. He is moving his bowels about once in 3 days. As mentioned in your letter he is on Dihydorcodeine, Propranolol and Temazepam quite a big dose of 40 - 60 mgs nocte. He tells me he is drinking only 2 bottles of mild beer a month and smokes about 60 cigarettes a day. In the past he used to drink quite a lot.

On examination he looked well and healthy without any pallor or jaundice. Chest and cardiovascular examinations were normal. Abdominal examination revealed soft non-tender abdominal wall with a scar in the centre of the abdomen with multiple incisions through that. There was no organomegally or fluid in the abdomen. He has had the last gastroscopy done in June 1995 which revealed gastritis with presence of helicobacter pylori in the biopsies.

I discussed this case with Dr [redacted] and we think that there is no good evidence of chronic pancreatitis in the sense that his nutrition is very well maintained and the abnormality can account for his current episodes of pain abdomen is the presence of helicobacter pylori induced gastritis.

THIRD PARTY COPY

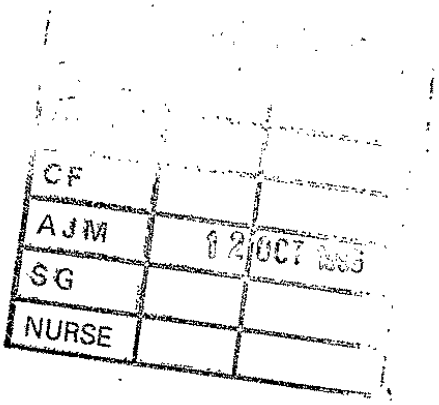
May I suggest that you treat him with Omeprazole, Amoxycillin and Metronidazole in the doses as mentioned in my letter.

I have done his Us & Es and LFTs and will see him again in the Clinic in 3 months time with the results of these investigations and the therapeutic effect of eradication of H pylori.

Yours sincerely

Dr Rana, Staff Grade Physician to
Dr [redacted] Consultant Physician.

THIRD PARTY COPY



Hospital Use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☑ Urgent ☐

Hospital NINEWELLS Date 26.08.96

CHI No. 1 9 0 5 5 8 [redacted] 3 7

Please arrange for this patient to attend the G.I. clinic of Dr/Mr

Patient's Surname BEATTIE Maiden Surname

First Names ROBERT Single/Married/Widowed/Other

Address 103 FINELLA TERRACE Date of Birth 19.05.58

DUNDEE Patients Occupation

Postal Code DD4 9NE Contact telephone number

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

Name of Hospital [redacted]

Year of Attendance 1995 Hospital No. 0037

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

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

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.

I would be grateful for your advice on this gentleman who since the early 1980's when he had acute pancreatitis has been having to take Dihydrocodeine on a regular basis for his abdominal pain. He tells me that he also gets intermittent nausea and anorexia and on account of this is consuming a reasonable amount of Fortisip Drinks as well. We are not entirely comfortable here at Tay Street with the amount of Dihydrocodeine and Fortisip he has been going through and we would be keen to amend this. However with his claims of abdominal pain and discomfort and anorexia I would be grateful for your opinion of him as to whether there is anything else going on that should be addressed and what his best future management should be. Unfortunately many of his [redacted] are also on Dihydrocodeine and Benzodiazepines for various "reasonable reasons".

His current medication is Propranolol 80mg one mane (for headaches), Dihydrocodeine 30mg 2 qid, Temazepam 20mg 2 at night and Fortisip drinks. Thank you for your help.

Yours sincerely

A J [redacted]

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_____

Dd8435631 3/93 15M 13161 355-2104

THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS NHS TRUST
DIRECTORATE OF GENERAL MEDICINE

[redacted] Hospital
Clepington Road
DUNDEE DD3 8EA

Telephone 01382 660111

Your Ref:

Our Ref: AG/LES/

Enquiries to: Dr [redacted] Grove, Ext 6827

27 December 1995
(dictated 15 12 95)

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Dear Dr [redacted]

Robert Beattie (19 05 58) 103 Finella Terrace Dundee

ADMITTED: *13 11 95*
DISCHARGED: *14 11 95*

CONSULTANT: *Dr B J Lipworth*

DIAGNOSIS: *Alcohol Intoxication* → unlikely.
Chest Infection

HISTORY AND EXAMINATION: This 37 year old man with a history of chronic pancreatitis was admitted having been found unconscious. Examination on admission - he was drowsy but had a Glasgow Coma Scale of 14/15. He had a low grade pyrexia 37.4 and was sweaty. Pulse 90 and regular with normal heart sounds. Blood pressure 115/68. Examination of the chest revealed bibasal crepitations. U&E's, glucose were unremarkable. Chest x-ray showed no focal lesion. Blood cultures showed no growth. Full blood count was unremarkable.

Mr Beattie was given fluids and antibiotics. In view of his persisting drowsiness a lumbar puncture was performed which was unremarkable. He having began to improve on the following day, was apyrexial, fully alert and orientated and keen to go home.

DRUGS ON DISCHARGE: Clarithromycin 500mg bd for five days.

FOLLOW UP: Nil.

Yours sincerely

Dr A Grove, Registrar to
Dr B J Lipworth, Consultant Physician

THIRD PARTY COPY

P11.40. T.70184
F12.20.

95/20757

TEL. No

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Date 12/4/95 Time 11/40. Co-Op Doctor ANDERSON

Name Mr. BUCHANAN M☐ F☐ Date Of Birth 190558

Address 103 FINELLA TCE.

Postcode

Registered Doctor DR MONTGOMERY

☐ Telephone ☑ Visit

HISTORY CAN'T WAKEN.
CAME OUT THIS NIGHT SOME BLOOD
[redacted] TO WORK AS
TAXI DRIVER WAS
COUGHING CAME HOME
VOMITING SEVERAL
BOUTS CAN'T GET UP SINCE
NOT PASSED URINE OCCAS
ONLY DRUNK ½ GLASS
WATER OCCAS CHOKE
COUGH

EXAMINATION PIBU 3755
90/60. NOT SWOLLEN
CHEST 2 INC C-BASE-
SOUND NORMAL R.

DIAGNOSIS
CHEST INFECTION

OUTCOME

		Necessary	Unnecessary
No follow-up	☐	☐	☐
Refer to hospital	☑	Hospital NIL	Specialty MED
Review by G.P.	☐	Place	Date

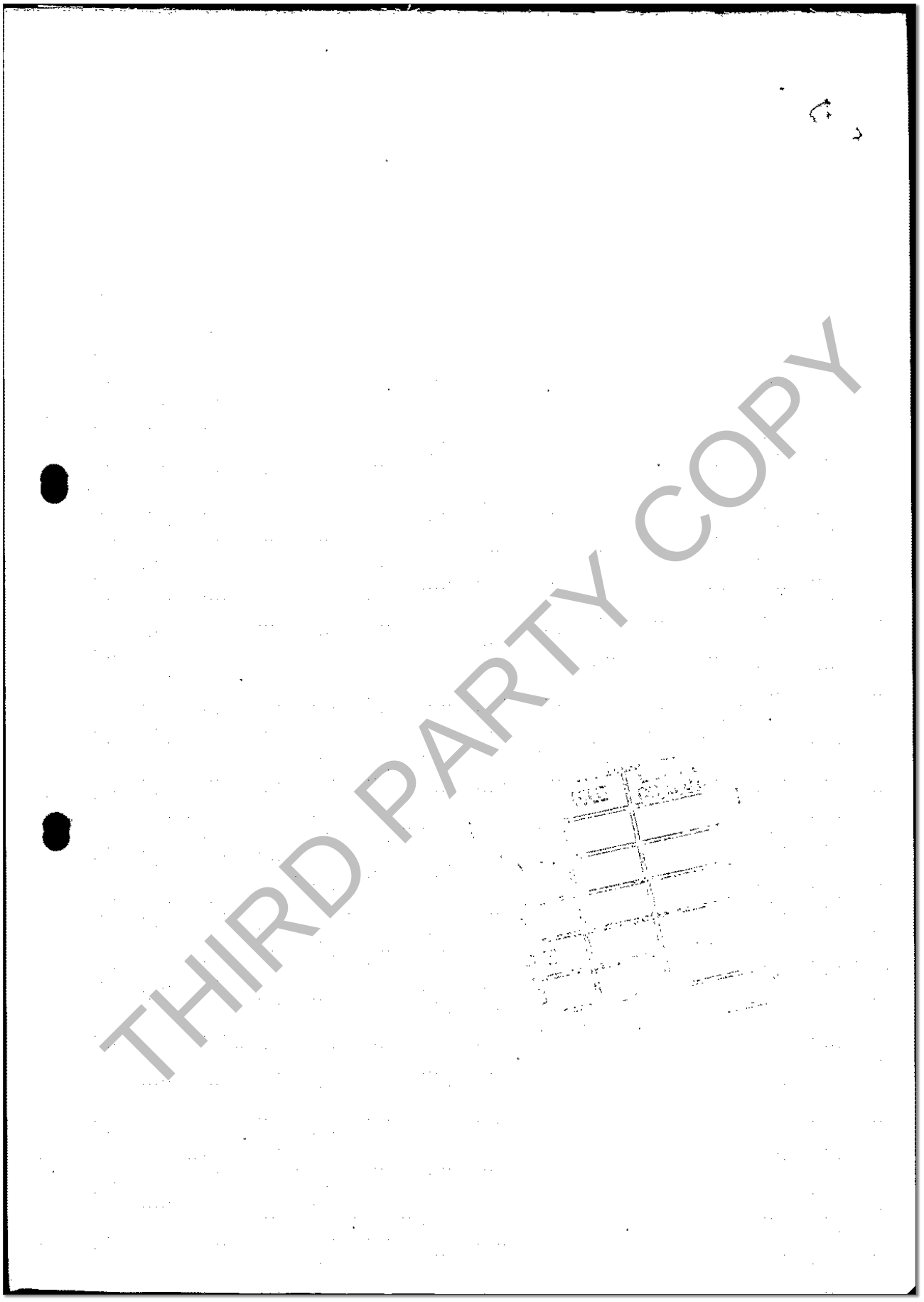
EMERGENCY TREATMENT

DRUG	Form	Strength	Number	Batch No.	Exp. Date

PRESCRIPTION

DRUG	Form	Strength	Dosage	Number

THIRD PARTY COPY



THIRD PARTY COPY

T 11·40 .

95/20757

T. 7018-1.

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Tel

Date 10:11:95 Time 11:40 Co-Op Doctor .....

Name Robert Beattie M☒F☐ Date Of Birth 6:19/05/58.

Address 103 Fineula Tce. Telephone ☐

D.D. Postcode ..... Registered Doctor Dr Montgomery TC Visit ☑

HISTORY

Cant wakes him.

EXAMINATION

DIAGNOSIS

OUTCOME

		Necessary	Unnecessary		
No follow-up	☐	☐	☐		
Refer to hospital	☐	Hospital		Specialty	
Review by G.P.	☐	Place		Date	

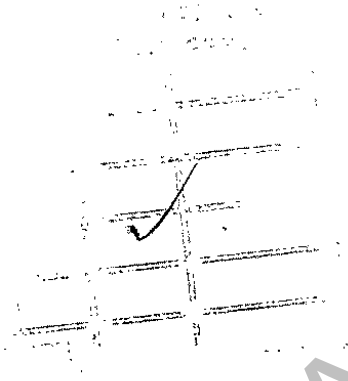
EMERGENCY TREATMENT

DRUG	Form	Strength	Number	Batch No.	Exp. Date

PRESCRIPTION

DRUG	Form	Strength	Dosage	Number

THIRD PARTY COPY



THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

DIRECTORATE OF GENERAL SURGERY

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 01382 660111

Your Ref.
Our Ref. RABW/DA/MPI 190558 0037
Enquiries to:- Mr. R.A.B. [redacted] Ward 8

10 August 1995
Clinic 08.08.95
Dictated 08.08.95

Dr A [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Dear Dr [redacted]

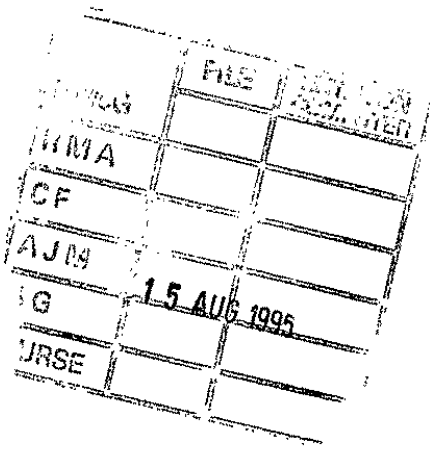
ROBERT BEATTIE 103 FINELLA TERRACE DUNDEE

I saw this man who had a severe attack of pancreatitis, denied it was anything to do with alcohol. He had an endoscopy which shows some gastritis and some slight hilicobacter but he is symptomless from this at the moment so I thought it did not require treatment and I have discharged him from the clinic.

Yours sincerely,

R.A.B. [redacted]
CONSULTANT SURGEON

Date signed .....



THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS

DIRECTORATE OF GENERAL SURGERY

Your Ref.

Our Ref.

Enquiries to:- Mr ~~M H Lyall~~, Ward ~~12~~ W10d 8

Endoscopy List

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 0382 60111

8/6/95

Dr

	FILE	ENTER ON COMPUTER
FMcG		
RMA		
CE		
AJM	12 JUN 1995	
[illegible]		
NURSE		

Dear Dr

NAME:

D.O.B.:

Your patient attended Clinical Measurement today for upper G.I. endoscopy and the result is as follows:-

		Biopsy
Oesophagus	✓	____
O-G Junction	✓ 40cm.	____
Stomach	Oedema	✓
Duodenum	D_1 D_2 ✓	____

This patient will be seen in the clinic in due course.

Recommend change in treatment: YES / (NO)

Yours sincerely

SOPD 2/52

for ~~MR M H LYALL~~ WRd

THIRD PARTY COPY

AJM/SG

19 April 1995

Mr. C A Eriksen (Locum)
Ward 7
Ninewells Hospital
Dundee

Dear Mr. Eriksen

ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE, DOB, 19.05.58 0037

This gentleman unfortunately missed his appointment for his outpatient gastroscopy due to some mix-up with his mail and appointments. He apologises for any inconvenience caused to yourselves. I would be most grateful if you could send him a further appointment for which he will make strenuous efforts to keep.

Yours sincerely

Dr. A J [redacted]

THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

DIRECTORATE OF GENERAL SURGERY

Your Ref.
Our Ref. RH/LB/MPI 19 05 58 0037
Enquiries to:- Mr. R. Holdsworth, Ward 8

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 0382 60111

5th May, 1995.
Dictated 4/5/95
Clinic 4/5/95

Dr. A. [redacted]
Tay Court Surgery,
50 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

ROBERT BEATTIE, 103 FINELLA TERRACE, DUNDEE

This man failed to attend our Clinic today but I have recently re-booked his gastroscopy and I expect we will see him at that time for follow-up.

Yours sincerely,

R. HOLDSWORTH
LOCUM CONSULTANT SURGEON

Date signed ..... 10 MAY 1995

THIRD PARTY COPY

NW 5/6 DAJ

Hospital/Clinic

IMMEDIATE OUT-PATIENT COMMUNICATION

Clinic

Ward/Clinic Hosp. ...
Surname BEATTIE 19 05 58 Cons.
First Name ROBERT C 0037 H.I. No.
Address 103 FINELLA TCE M I. State
DUNDEE M .. Sex
GP. & Ad DD49NE
DR. [redacted] [redacted]
TAY CT SURG
50 S TAY ST DUNDEE
LETTERS LABEL

Fold Back

Date 30/9/96

Dear Doctor, Montgomery.

The above patient attended my clinic today, please accept this as the only / interim* communication in respect of this visit.

Provisional/Diagnosis is H. pylori gastritis

Comment/Recommendations
- Omeprazole 20mg BD
- Amoxycillin 1gm BD
- Metronidazole 400mg TID
X 1 week

Next appointment (if any) 3/12 weeks/months

Fold Back

MEDICINE TREATMENT RECOMMENDED NAME—State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24

Prescription given / Medicines supplied / Medicines not supplied *

Signed by ..... for DAJ, Consultant

Do not write below this line

*Delete as appropriate

Dr. .....

THB(MR)159 (2-part set General — 3 part set Psychiatry Dundee)

THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.

Our Ref. 4136

Enquiries to:- Unit Secretary, extn 3885

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 01382 660111

09.03.95

Dr. A. [redacted]
Tay Court Surgery
50 S. Tay Street
Dundee

DISCHARGE SUMMARY (Routine Follow-up)

PATIENT : Mr. Robert C. Beattie
ADDRESS : 103 Finella Terrace, Dundee
: DD4 9NE

CHI : 1905580037 SEX : Male
CONSULTANT : Mr. C.A. Eriksen (locum)

PATIENT WAS ADMITTED TO Ward 7 ON 24/02/95 AND DISCHARGED ON 28/02/95

PRESENTING COMPLAINTS: abdominal pain (789.0)

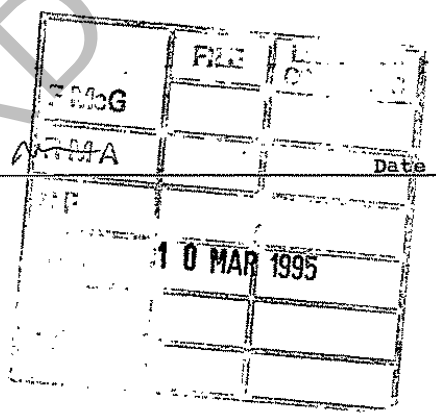
PRIMARY DIAGNOSIS: gastritis (535.0)

NO SURGERY WAS PERFORMED

PATIENT HAS BEEN ADVISED: Clinic Appointment Card will be sent in due course.

For OGD as outpatient.

[redacted]



Signed: Date of signature: 7/3/95

THIRD PARTY COPY

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf. .....

Ward/Clinic/Hosp. 7 N/W BEATIE [illegible] 203 TENNIS TCE DUNDEE

Surname .. [illegible]

First Name [illegible]

Address ... DR. A MONTGOMERY [illegible] 69 S TAY ST DUNDEE

G.P. & Addr

Cons. .....

C.H.I. No. .....

M. State .....

Sex .....

BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) .....

Date of Admission: 24/2/95

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	28/2/95	SURG	JCF	HOME			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Alcoholism

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8, 10, 12, 14, 16, 18, 20, 22, 24)	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	CHLORDIAZEPOXIDE	20mg		1 — — — — — — — — 1	2x7	

.... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

for OPD OGD Home

Discharge - Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ✓ | CONFINED TO HOUSE ☐ | PARTIALLY BEDRIDDEN ☐ | CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. J.C. Forrester ..... Consultant
2. ..... Sen. Registrar/Registrar
3. 7 ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature ..... Status JHO

for FORRESTER Consultant Date 28/2/95

Dispensed By .....

Checked By .....

Date 28.2.95

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26
4 Part Set

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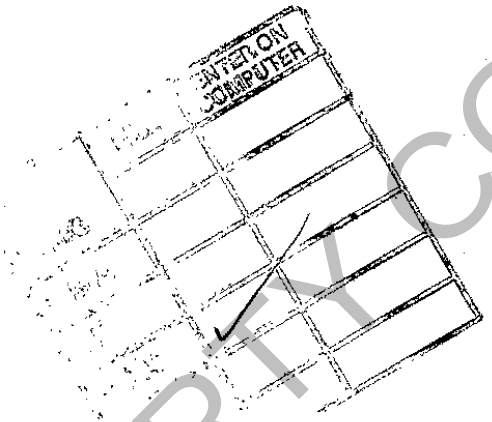

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P.18.41.
F.18.45.

95/3452

T-7018-1

DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

TCH:

Date 24.2 Time 18.40 Co-Op Doctor McCormack.

Name ROBERT BEATTIE M☐ F☐ Date Of Birth 36 YRS

Address 103 FINELLA TERR. Registered Doctor T/C. MONTGOMERY.

..... Postcode.....

☑ Telephone
☐ Visit

HISTORY

PAINS IN CHEST.

Sudden onset chest pain - severe. Dyspnoea → 999 paramedics.

(T) N/week med. ✓

(T) Ambulance service ✓

EXAMINATION

DIAGNOSIS

OUTCOME

		Necessary	Unnecessary		
No follow-up	☐	☐	☐		
Refer to hospital	☐	Hospital		Specialty	
Review by G.P.	☐	Place		Date	

EMERGENCY TREATMENT

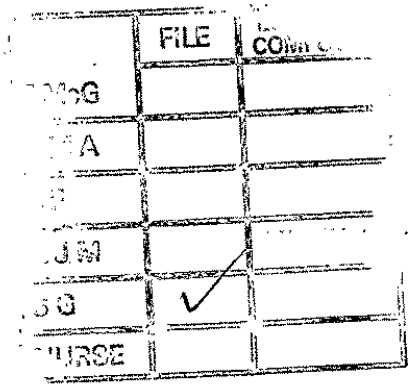
DRUG	Form	Strength	Number	Batch No.	Exp. Date

PRESCRIPTION

DRUG	Form	Strength	Dosage	Number

THIRD PARTY COPY

THIRD PARTY COPY



DUNDEE HEALTHCARE UNIT

KEMBACK STREET CLINIC
3 KEMBACK STREET
DUNDEE DD4 6PG
TEL : 462147
FAX : 451252

Our Ref : BH/JH
Enquiries : Barbro Haining

24 August 1993

CORRESPONDENCE SEEN

W.M.G.	01 SEP 1993
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

Dr A J [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE
DD1 1PF

Dear Dr [redacted]

Mr Robert Beattie 19 05 59 0037
103 Finella Terrace Dundee

Mr Beattie was treated here at Kemback Street on 13 August 1993. He was assessed and given ultrasound and [redacted] exercises.

Unfortunately he has failed to appear for his last two appointments. We have therefore discharged him from our care. Thank you for your referral.

Yours sincerely

pp JH.

Barbro Haining
Senior Physiotherapist

THIRD PARTY COPY

Health Promotion Data Capture - Bands 1,2,3

Patient Name: Robert Baltic Date of Birth: 19/05/58
Address: 103 Fonella Tce, Dinlop CHI: 0037
Date: 29/03/93

Band 1 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
SMOKING				
Never Smoked	☐	1371*		
Stopped Smoking	☐		1377	
Trivial	☐	1372*		
Light	☐	1373*		
Moderate	☑	1374*		
Heavy	☐	1375*		
Very Heavy	☐	1376*		
Offered H.P.	☐			6791*

Band 2 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
BLOOD PRESSURE				
BP Reading 100/60				
BP Normal	☑	2464*		
BP Borderline	☐	2465*		
BP Raised	☐	2466*		
BP Very High	☐	2467*		
Essential Hypertension	☐		G20..	
Secondary Hypertension	☐		G24..	

Page 1

Health Promotion Data Capture - Bands 1,2,3

Band 2 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
CORONARY HEART DISEASE				
Ischaemic Heart Disease	☐	G3...		
History of Angina Pectoris	☐	14A5*		
History of Myocardial Infarct <60	☐	14A3*		
History of Myocardial Infarct >60	☐	14A4*		
STROKE				
Cerebrovasc. Disease	☐	G6...		
History of CVA/Stroke	☐	14A7*		
Puerp. Cerbvasc. Dis	☐	L440.		

Band 3 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
WEIGHT				
Weight 137.00		22A.*		
Height 5' 11"		229.*		
Overweight	☑			22A4*
Obese	☐			22A5*
Offered H.P. on Exercise	☐			6798*
Offered H.P. on Diet	☐			6799*

Page 2

Health Promotion Data Capture - Bands 1,2,3

Patient Name: _____ Date of Birth: / /
Address: _____ CHI: _____
Date: / /

Band 3 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
ALCOHOL				
Teetotaller	☑	1361*		
Ex-heavy drinker	☐		136D*	
Ex-very heavy drinker	☐		136E*	
Trivial	☐	1362*		
Light	☐	1363*		
Moderate	☐	1364*		
Heavy	☐	1365*		
Very Heavy	☐	1366*		
Offered H.P. on Alcohol	☐			6792*

Band 3 Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
FAMILY HISTORY				
Heart Disease < 60	☐		12C2*	
Heart Disease > 60	☐		12C3*	
CVA/Stroke	☐		12C4*	

Page 3

Health Promotion Data Capture - Chronic Disease Management

CDM Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
ASTHMA				
Extrinsic Asthma	☐	H330.		
Intrinsic Asthma	☐	H331.		
Asthma (other)	☐	H33z.		
Chronic Asthma Bronchitis	☐	H3120		
Exercise Induced Asthma	☐	173A*		
Asthma - Prophylatic Medication	☐	Practice defined User Marker		
PFR recorded in last 12 months	☐			3395*
Date / /				
Asthma Hospital Admission	☐	Practice defined User Marker		

CDM Information	Tick ONE Box in each section	Screening Result	Problem Read Code	Procedure Read Code
DIABETES				
Diabetic on Oral Treatment	☐			66A4*
Diabetic on Diet Only	☐			66A3*
Diabetic on Insulin	☐			66A5*
Follow-up in last year:				
Attends Out-Patients	☐			66AF*
Follow-Up Diabetic Assessment	☐			66A2*
Date / /				

Page 4

THIRD PARTY COPY

DUNDEE TEACHING HOSPITALS
NATIONAL HEALTH SERVICE TRUST

Your Ref.

Our Ref. CSB/GLE/M.P.I. 19 05 58 0037

Enquiries to:- Dr Carol S [redacted]
DIRECTORATE OF GENERAL MEDICINE
Wards 3 & 4

Ninewells Hospital and Medical [redacted]
Dundee DD1 9SY
Telephone 0382 60111

Dr A J [redacted]
Taycourt Surgery
50 South Tay Street
DUNDEE

15th April, 1993
Dictated 6.4.93
Received 6.4.93

Dear Dr [redacted]

Robert BEATTIE, 103 Finella Terrace, Dundee

Mr Beattie has now failed to attend 3 out-patient clinic appointments. I have therefore not re-appointed him.

I note that a CT scan in November 1992 was normal.

Yours sincerely,

[redacted] S BLAIR, SENIOR HOUSE OFFICER TO
PROFESSOR C D FORBES

CORRESPONDENCE
DATE
M.G. 23 APR 1993
F.T.C.
J.M.C.C.
R.M.A.
C.F.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD

DIRECTORATE OF OPHTHALMOLOGY
DUNDEE GENERAL HOSPITALS UNIT

Your Ref.

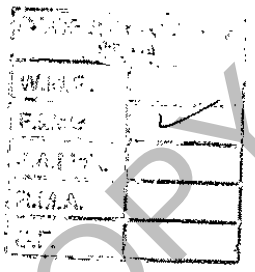
Our Ref. SG/JM/MPI 19 05 58 0037

Enquiries to:— Dr S [redacted] Wards 24/25

Ninewells Hospital and Medical [redacted]
Ninewells Dundee DD1 9SY
Telephone 0382 60111

Dr F McGrory
Tay Court Surgery
50 South Tay Street
DUNDEE

3rd March 1993
Clinic 1.3.93



Dear Dr McGrory

Robert Beattie, 103 Finella Terrace, Dundee

This chap was referred up to Ophthalmology Out-Patients from DRI, where he had attended with a corneal abrasion sustained whilst pulling some heavy duty electric cable. The cable sprang up and struck him in the right eye, occasioning the corneal abrasion. The visual acuity in the right eye was reduced to 6/12, with the left eye being 6/6.

On examination with fluorescein staining, the right eye had a large corneal abrasion in the 6 o'clock position, which was mainly superficial and which was treated with Chloromycetin ointment and double pad.

The patient was discharged, but we will be happy to review him if necessary.

Yours sincerely

S [redacted]
Senior House Officer

Date signed ....4/3/93.....

THIRD PARTY COPY

THIRD PARTY COPY

AJM/ML

15 October 1992

Prof C D Forbes
Wards 3/4
Ninewells Hospital
DUNDEE

Dear Prof Forbes

ROBERT BEATTIE, 103 FINELLA TCE, DUNDEE. DOB 19.05.58 0037

This gentleman was under your care in ward 3 at the end of August with left sided weakness. You had arranged to have a CT scan carried out. Unfortunately, the notification of the appointment did not reach the patient until after the date of the scan. I am not sure why this happened. He therefore missed his appointment. I would be grateful if you could send him a further appointment.

Yours sincerely

A J [redacted]

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS UNIT

Your Ref.

Our Ref. MB DK Unit No 19 05 58 0037

Enquiries to:- Dr [redacted] Board, Wards 3 and 4

Dundee Royal Infirmary
Dundee DD1 9ND
Telephone 0382 23125

Dr A J [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

8th September, 1992
Dictated 2/9/92

Dear Dr [redacted]

CORRESPONDENCE SEEN
W.M.G. ✓
F.McG.
J.A.McK.
R.M.A.
C.F.

ROBERT C BEATTIE 103 Finella Terrace, Dundee

CONSULTANT Professor Charles D Forbes

ADMITTED 27/8/92
DISCHARGED 28/8/92

DIAGNOSIS Left sided weakness

REASON FOR ADMISSION

Mr Beattie was admitted during the late afternoon having been in town earlier on and suddenly noticed that his left side became weak and numb and he had had to hold onto a shopping trolley to stand up. He had subsequently, however, managed to drive himself home but staying in second gear all the way because he hadn't got the strength to work the clutch and the gear-stick. When he arrived home he then fell asleep on the couch and awoke a couple of hours later, still numb and weak down his left side, he told me. He had also, at the time, noted that his speech was slurred. He presented to his GP later in the afternoon who apparently had found there to be a definite weakness down his left side. By the time he got to A and E, however, he himself felt fine.

SIGNIFICANT EXAMINATION FINDINGS

He looked well. No signs of jaundice, anaemia, cyanosis, clubbing, oedema or lymphadenopathy. Pulse 70/min, regular; heart sounds pure. BP 140/65. No carotid bruits. Chest clear. Abdomen soft, and non-tender. Examination of the nervous system revealed symmetrically normal power and tone in both upper and lower limbs; all reflexes present and symmetrically brisk, downgoing plantars bilaterally. Cranial nerves 2 - 12 were intact. Pupils equal, reactive to light and accommodation, and fundoscopy revealed no abnormality.

THIRD PARTY COPY

SIGNIFICANT INVESTIGATIONS

BM stix on admission, 6. Routine U & Es and full blood count, normal. ECG on admission showed sinus rhythm. No acute changes.

PROGRESS

He remained on the ward overnight, developed no further neurological symptoms, and was discharged home the following morning.

DRUGS ON DISCHARGE Nil

Discharged to: Home

Follow up: He will be seen in the medical out-patient clinic in eight week's time; meanwhile we have requested an out-patient CT scan of the brain. If this reveals any abnormality, we will consider pursuing this further with carotid duplex scan and possible echo.

Services Organised: Nil

Yours sincerely,

[redacted] Board, House Officer to
Professor [redacted] D Forbes

Date signed 10/9/92. TBCDF23D

THIRD PARTY COPY

FOR PHARMACY USE

Checked by .....

Clinical Pharmacist

Patient Counselled

... . (Units)

TAYSIDE HEALTH BOARD
DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

NW ..... Hosp./Inf.

To Dr. A Montgomery
Tay Ct Surg
SOS Tay St

Ward/Clinic 3 I N/W Hosp ... ... Cons.

Surname BEATTIE ..... 0037 Unit No.

First Name ROBERT ..... 190668 D. of B.

Address 103 FINELLA TCE ..... M. State

... DUNDEE ..... M Sex

Occupation ... ... 0037 ... MPI No. (last 4 digits)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *~~ONLY~~ INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on ~~Waiting~~ List (if appropriate) ..... Date of Admission: 27-8-92

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	28-8-92	MED	FORBES	Home			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: ? (L) sided TIA

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE — Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY — Number	Brand Names (for information only)

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

P.MOK

CO THREE SPRONDENCE STREET

03 SEP 1992

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Mr Beattie was admitted with unusual neurological signs suggestive of a (L) sided weakness. These rapidly resolved and he discharged himself 18 hours after admission. For O/P CT Scan

CONDITION ON DISCHARGE: COMPLETELY AMBULANT ☑ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
		2 Months	MOPD Tuesday Am	Dr Bosco	~~GIVEN~~/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. Professor Forbes — Consultant
2. Dr Board — ~~Sen. Registrar/Registrar~~ SHO
3. ..... Ward/Unit Secretary — Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature ..... Status SHO

for Prof Forbes Consultant Date 28-8-92

Dispensed By .....

Checked By .....

Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26
4 Part Set
Rev June 91

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS UNIT

Your Ref.

Our Ref. 4136

Enquiries to:– [redacted] A. Napier, extn 2320

Ninewells Hospital and Medical [redacted]
Ninewells Dundee DD1 9SY
Telephone 0382 60111

CORRESPONDENCE SEEN 07.08.92

W.M.G.	✓
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

Dr. A. [redacted]
Tay Court Surgery
50 S. Tay Street
Dundee

DISCHARGE SUMMARY (Routine Follow-up)

PATIENT : Mr. Robert C. Beattie
ADDRESS : 103 Finella Terrace, Dundee
: DD4 9NE

CHI : 1905580037 SEX : Male

CONSULTANT: Mr. P. McCollum

PATIENT WAS ADMITTED TO Ward 11 ON 18/07/92 AND DISCHARGED ON 21/07/92
PRIMARY DIAGNOSIS: Oesophagitis and gastritis

NO SURGERY WAS PERFORMED

MAINTENANCE DRUG TREATMENT : None

PATIENT HAS BEEN ADVISED: Clinic Appointment Card will be sent in due course.

Observation upper abdominal pain. Previous (1983) vagotomy and pyloroplasty for recurrent duodenal ulcers. Gastroscopy showed now signs of oesophagitis and gastritis.
Treatment: Zantac 2 x 150mg daily and Sucralfate 2 x 2g daily.
Outpatient clinic in six weeks.

Signed: Date of signature:

THIRD PARTY COPY

FOR PHARMACY USE:
Checked by
Clinical Pharmacist
Patient Counselled (Initls)

TAYSIDE HEALTH BOARD
DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. Montgomery
Tay Ct Surg
Dundee

Ward/Clinic
Hosp MW 11

Page [redacted]

S [redacted] Unit No.
F BEATTIE 19 05 58 - - D. of B.
A 103 FINELLA TCE 0027 M. State
DUNDEE M - - - Sex
DD4 9NE - - - MPI No. (last 4 digits)

DR. A MONTGOMERY
TAY CT SURG
59 S TAY ST DUNDEE

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate) *Delete as appropriate

Date of Admission: 18-07-92

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	21-07-92	Surgery	Prof Cushieri	home			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: epigastric pain

OTHER CONDITIONS:

PRINCIPAL OPERATION / PROCEDURES:

OTHER OPERATIONS / PROCEDURES:

CORRESPONDENCE SEEN
W.M.G.
F.McG.
J.A.McK.
P.M.A.
C.F.

MEDICINE TREATMENT ON DISCHARGE

Days	NAME & State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY Number	Brand Names (for information only)

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

gastroscopy as an OP in 3/52

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☑ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
12/52		gastroscopy		GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. Prof Cushieri — Consultant
2. Dr Van der Volpe — Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary — Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature [redacted] Status SHO

for Prof Cushieri Consultant Date

Dispensed By .....
Checked By .....
Date .....

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26
4 Part Set
Rev. June 91

THIRD PARTY COPY

THIRD PARTY COPY

Tayside Radio Doctor Service

PROSPECT HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (0382) 561577

RECORD OF CALL Date: 18/7/92 Time: 2020 Night Visit ☐

Patient's Name ROBERT BEATTIE Date of birth 19.5.58

Address 58 GRAMPIAN GDNS

Patient's G.P. DR. McGORY Locum HANNAH

HISTORY AND CLINICAL FINDINGS

Vomiting ++. Abdo pain. Known pancreatitis. Not keeping fluids down..
O/E
[redacted]
Tender umbilical region + epigastrium
sounds (N) bleeding around umbilicus

Provisional Diagnosis ? PANCREATITIS

CORRESPONDENCE SEEN
W.M.S.
F.McG.
J.A.McK.
R.M.A.
C.F.

ACTION TAKEN

Refer surgeons N/W. Admitted to hospital ✓

EMERGENCY EQUIPMENT USED

- ☐ Resuscitator
- ☐ Oxygen
- ☐ Venflon
- ☐ Defibrillator

FOLLOW UP

- No further contact required ☐
- Patient to contact doctor ☐
- Doctor to visit 2–3 days ☐
- (Locum to arrange) Next morning ☐

THIRD PARTY COPY

Tayside Radio Doctor Service

PROSPECT HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (0382) 561577

2

RECORD OF CALL Date: 9/2/90 Time: 8235 Night Visit ☐

Patient's Name Robert Beattie Date of birth 19/5/58

Address 5. Grampian Gdns
BTm RV

Patient's G.P. Dr Gardner Locum AKM

HISTORY AND CLINICAL FINDINGS

Stomach pain – swollen up
? pancreas – sleeping tab pain killers
– no tablets left –
pain worse tonight

Provisional Diagnosis

ACTION TAKEN Admitted to hospital ☐

DF 118 TI 6 July
fb

CORRESPONDENCE SEEN
W.M.O.

EMERGENCY EQUIPMENT USED

- ☐ Resuscitator
- ☐ Oxygen
- ☐ Ventilator
- ☐ Defibrillator

FOLLOW UP

- No further contact required ☐
- Patient to contact doctor ☑
- Doctor to visit 2—3 days ☐
- (Locum to arrange) Next morning ☐

Amoxil (Amoxycillin) for Respiratory Tract Infections

Full prescribing information on Amoxil (regd) amoxycillin is available from Beecard, Brentford, Middlesex.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125

Your Ref

Our Ref MA/AP/19 05 58 0037

Enquiries to:— Urology Department

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

CORRESPONDENCE SEEN	
W.M.G.	✓
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

18th August 1988
Dictated 17.8.88

Dr W [redacted]
1 South Tay Street
DUNDEE

Dear Dr [redacted]

re: Robert Beattie, 17 Cheviot Crescent, Dundee

This gentleman was admitted to our Ward on the 3rd of August 1988 and had reversal of vasectomy performed. Post operative recovery was uneventful and he was kept on bedrest for a few days to allow the wound some time to heal.

He was discharged home on the 6th of August, 1988. He returned on the 12th of August and his sutures were removed.

We have not arranged any follow-up at present but he has been advised to hand in sample of sperm for analysis.

Yours sincerely

THIRD PARTY COPY

Tayside Radio Doctor Service

PROSPECT HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (0382) 561577

RECORD OF CALL Date: 7/8/88 Time: 6.30 Night Visit ☐

Patient's Name Mrs Beattie Date of birth 30/11/-

Address 17 Cleveden Crescent Arbroath

Patient's G.P. Dr McGrory Locum Dr Mair

HISTORY AND CLINICAL FINDINGS

2/7 Post-Op. following reversal of vasectomy
c/o pain, out of analgesia.
Normally on DF 118 for?

Provisional Diagnosis: ? Scrotum Swelling.

ACTION TAKEN Admitted to hospital ☐

- Dihydrocodeine 60mgs stat + 30mgs T.I.D (4 dispensed)
- Review GP advised

EMERGENCY EQUIPMENT USED

- ☐ Resuscitator
- ☐ Oxygen
- ☐ Venflon
- ☐ Defibrillator

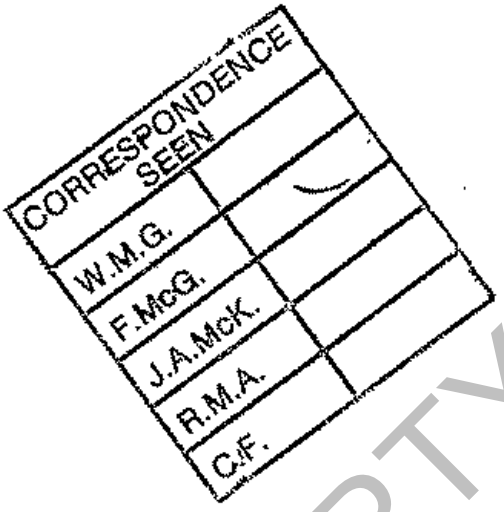
FOLLOW UP

- No further contact required ☑
- Patient to contact doctor ☐
- Doctor to visit 2–3 days ☐
- (Locum to arrange) Next morning ☐

Amoxil (Amoxycillin) for Respiratory Tract Infections

Full prescribing information on Amoxil (regd) amoxycillin is available from Beecard, Brentford, Middlesex.

THIRD PARTY COPY



THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125
Your Ref
Our Ref JPAW/JS. 19 05 58/0037
Enquiries to:— Urology office

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

CORRESPONDENCE SEEN	
W.M.G.	✓
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

5th February, 1988
Dictated: 29.1.88

Dr W [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr [redacted]

Robert Beattie, 17 Cheviot Crescent, Dundee

Thank you for referring Mr Beattie back to the clinic. I explained to him that nowadays it is not difficult to join up the divided ends of the vas, whether or not this will lead to him fathering further children is impossible to forecast.

Micro-surgical techniques make the anastomosis easier nowadays but whether the production of mature functioning sperms will resume is very uncertain. However it is less than two years since I did his vasectomy and perhaps the chances in his case are slightly better than average. I have placed his name on the waiting list to have this done.

Yours sincerely,

THIRD PARTY COPY

28 April 1988

[redacted] Boath, Lyall & Co.,
Solicitors
12 [redacted] [redacted]
Victoria Road
Dundee DD1 1JW

Dear Sirs,

Robert Beattie, 162 Fintry Road, Dundee
New Address: 17 Cheviot Crescent, Dundee

This saga has gone on long enough! It will neither break my heart nor bank balance if this fee is not paid but let's get records straight.

In your letter of 10.4.87 (copy enclosed) you requested confirmation that Mr. Beattie was to be admitted to hospital on 13.4.87 for major stomach surgery and would not be fit to stand trial on the 30th. My note of 15.4.87 stated that this admission was cancelled due to a shortage of beds. As you can see this has nothing whatsoever to do with the subsequent report supplied to you by Dr. McGrory relating a quite unconnected knee injury.

Yours faithfully

Dr. W. M. [redacted]

THIRD PARTY COPY

WMG/GF

11th January 1988.

[redacted] Boath, Lyall & Co,
Solicitors, Notaries & Estate Agents,
12 [redacted] [redacted]
[redacted] Road,
Dundee.

Dear Sir,

Re: Report on Robert Beattie, DOB 19.05.58. 162 Fintry Road, Dundee.

A short medical report was requested and sent for above named on 15th April 1987. The fee of £30 has not yet been received. I would be glad if you could look into this matter and settle.

This fee is quite separate from one paid for subsequent report on 16th September 1987 to my [redacted] Dr. McGrory.

Yours faithfully,

Dr. W.M. [redacted]

THIRD PARTY COPY

[redacted]

DR W. M. GARDINER
DR F. McGRORY
DR J. A. McKENZIE
DR ROSALIND M. ANDERSEN
DR [redacted] FLAVAHAN

Tel. 28228

Consultation by Appointment
1 SOUTH TAY STREET
DUNDEE
DD1 1NU

WMG/MB

15 April 1987

To Whom It May Concern — Simpson, Booth & Lyall & Co, Solicitors, Notaries & Estate Agents, Victoria Rd, Dundee

Dear Sir

Robert Beattie, 162 Fintry Road, Dundee. DOB 19.5.58

This man was due for admission on 13.4.87 to Ninewells Hospital for further abdominal surgery. Due to shortage of beds his admission was cancelled by the hospital. I am unable to predict when a place will be available for him, but this could be in the next 2 - 3 weeks, perhaps with only short notice given to Mr Beattie.

Yours sincerely

W M [redacted]

THIRD PARTY COPY

Simpson, Boath, Lyall & Co.

Solicitors, Notaries and Estate Agents

12 [redacted] Road
Dundee DD1 1JW

Telephone 28971/4

[redacted] M Boath BL. NP
John R [redacted] BL. NP
[redacted] F D Lyall LL.B SSC. NP
[redacted] L [redacted] LL.B NP

Our Ref AL/AA

Your Ref

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

10th April 1987

Dear Sir,

Mr. Robert Beattie, 162 Fintry Road, Dundee

We act for Mr. Robert Beattie, who is due to appear in the Sheriff Court on 30th April 1987. We understand that he is to be taken into Hospital on 13th April 1987 for major stomach surgery and that he will not be fit to stand Trial on the 30th. We shall be grateful if you will let us have a Soul and Conscience Certificate certifying that, so that we may seek and adjournment.

Yours faithfully,

Simpson Boath Lyall & Co.

Ward cancelled sanction

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 60111

Your Ref.

Our Ref. RG/CB/MPI 19 05 58 0037

Enquiries to:—

DIVISION OF SURGERY

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Dr. R. [redacted] Wards 11/12

CORRESPONDENCE SEEN	
W.M.G.	✓
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

Dr. W. [redacted]
1 South Tay Street
DUNDEE

12th February 1988
Clinic 10/2/88
Dictated 10/2/88
Received 10/2/88

Dear Dr. [redacted]

Robert Beattie, 17 Cheviot Crescent, Dundee

Mr. Beattie has today failed to attend his clinic appointment and I wonder whether you would communicate with him and us regarding his wishes for further follow up. In the meantime no further appointment has been given.

Once again many thanks for your assistance with this case.

Yours sincerely

R. Gupta

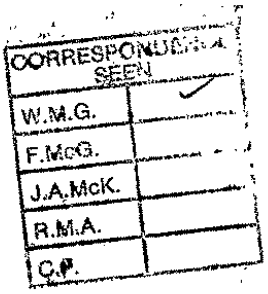
R. Gupta

During any contact a note is sent for ASAP
11/2/88 Letter → Dr Gupta asking for further appt to be sent

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 26041
Your Ref.
Our Ref. 190558-0037
Enquiries to:—



DUNDEE DENTAL HOSPITAL
PARK PLACE
DUNDEE
DD1 4HR

23rd December, 1987.

Dr. W.M. [redacted]
1 South Tay Street,
DUNDEE DD1 1NU.

Dear Dr. [redacted]

Re Mr. Robert Beattie, d.o.b. 19.05.58,
31 Ballindean Crescent, Dundee.

This man slipped on ice on the 12th December 1987. He sustained a fracture of the right zygoma. On the following day, he blew his nose and expressed air into the facial tissues. This brought him to Dundee Royal Infirmary, where radiographs confirmed a fracture of the zygoma. He was admitted to Dundee Royal Infirmary and on the 14th December, under general anaesthesia, the fractured zygoma was elevated by a temporal approach. His recovery was uneventful and he went home on the 15th December.

I saw him again yesterday and he is continuing to make satisfactory progress.

Yours sincerely,

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 60111
Your Ref.
Our Ref. RG/CB/MPI 19 05 58 0037
Enquiries to:— Dr. R. [redacted] Wards 11/12

DIVISION OF SURGERY

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Dr. W. [redacted]
1 South Tay Street
DUNDEE

CORRESPONDENCE SEEN	
W.M.G.	✓
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

16th October 1987
Clinic 14/10/87
Dictated 14/10/87
Received 14/10/87

Dear Dr. [redacted]

Robert Beattie, 17 Cheviot Crescent, Dundee

Mr. Beattie attended Professor Cuschieri's general Surgical Out Patient Clinic today following his recent admission for abdominal pain,

As you are probably aware at this time he was endoscoped with nothing obvious to be found to explain his abdominal pain and he was subsequently discharged well.

Today he reports that he still occasionally has abdominal pain, sometimes severe, but he is otherwise well.

I have stressed to him the importance of refraining from taking alcohol in view of his previous pancreatitic history and to take small meals frequently as opposed to large meals infrequently due to his previous vagotomy operation.

Other than this he is well and there is nil of note to find.

We will review him once more in four months' time.

Thank you for your assistance in this case.

Yours sincerely

R. [redacted] Senior House Officer to
A. Cuschieri, Professor of Surgery

Date signed 16th October 1987

THIRD PARTY COPY

FMcG/GF

16th September 1987. Your ref: RD/AJM/REP/B.19.

[redacted] Boath &yall & Co.,
Solicitors Notaries & Estate Agents,
12 [redacted] [redacted]
Dundee.

Dear Sirs,

Re: Robert Beattie, DOB 19.05.58. 17 Cheviot Crescent, Dundee.

Thank you for your letter concerning the above named patient. He was injured by an oil drum falling on to his right knee on 25th September 85. He attended the Casualty Department of Dundee Royal Infirmary the same evening where a compression bandage was applied to the knee.

He returned to the trauma clinic on 1st October 85 where no abnormality was found other than some patella femoral crepitus. He was subsequently off work until 28th January 86. I would consider by that time he had made a full recovery.

Yours faithfully,

Dr. F. McGrory,

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 60111
Your Ref.
Our Ref. MLJ/CB/MPI 19 05 58 0037
Enquiries to:—

DIVISION OF SURGERY

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Mr. M. [redacted] Wards 11/12

Dr. W. [redacted]
1 South Tay Street
DUNDEE

11th August 1987
Dictated 7/8/87

Dear Dr. [redacted]

Robert Beattie, 17 Cheviot Crescent, Dundee

This 29 year old man was admitted under Professor Cuschieri's care on 22nd July as an emergency, complaining of right upper quadrant pain. As you know in the past he has had alcohol related duodenitis and pancreatitis. His amylase on this occasion was normal. An endoscopy was carried out which revealed no active duodenal ulceration. He was discharged home on 23rd July and will be seen in the Clinic in six weeks' time.

Yours sincerely

DUNDEE HOSPITALS
OPERATION NOTES

11 Ninewells UNIT/WARD/DEPT

Ward/Clinic/Hosp. ... Cons.
Surname BEATTIE 19 05 58 Unit No.
First Name ROBERT D. of B.
Address 17 CHEVIOT CRESCENT M. State
DUNDEE Sex
Occupation ... 0037 MPI No. (last 4 digits)

G.P. & Address (G.P. Requests only) USE BLOCK LETTERS
Dr. W. [redacted] 1 S. Tay St., Dundee OR HAND IMPRINTER

DATE OF OPERATION	Operation Proposed	TIME BEGAN ... AM PM
21.7.87	UPPER G.I. ENDOSCOPY.	TIME FINISHED ... AM PM

SURGEON'S NOTES

SURGEON: MR. C. A. ERIKSEN

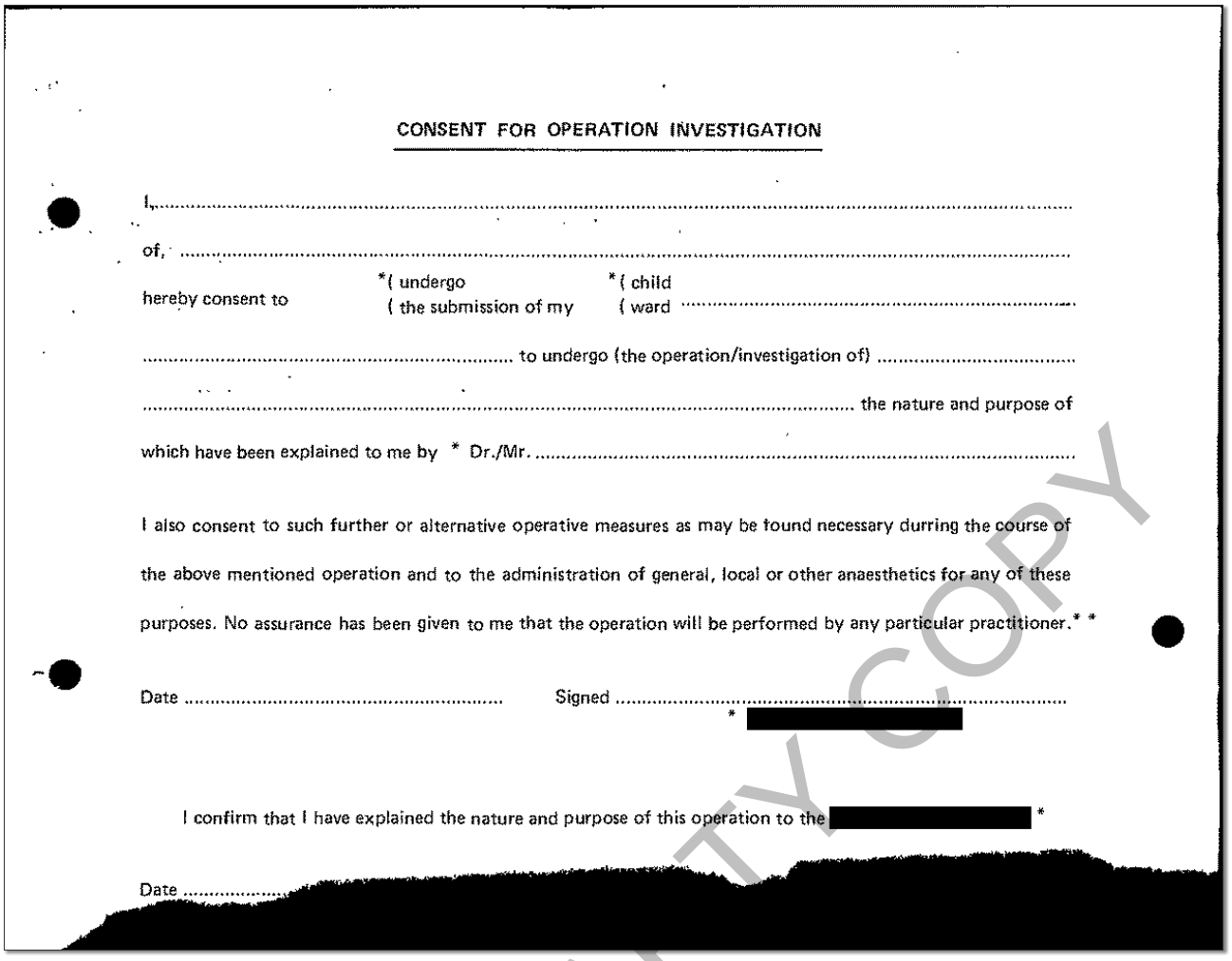
PROCEDURE

A Q 10 scope was used. Oesophagus - normal healthy mucosa down to the gastro-oesophageal junction.

Stomach - small amount of bile in the stomach with a normal healthy mucosa. No evidence of gastritis or other mucosal lesions.

Duodenum - normal healthy duodenum. No signs of any active ulceration.

THIRD PARTY COPY



CONSENT FOR OPERATION INVESTIGATION

I,.....

of, ...

hereby consent to *(undergo / (the submission of my *(child / (ward .....

..... to undergo (the operation/investigation of) .....

..... the nature and purpose of

which have been explained to me by * Dr./Mr. .....

I also consent to such further or alternative operative measures as may be found necessary durring the course of the above mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner.* *

Date ..... Signed .....

* [redacted]

I confirm that I have explained the nature and purpose of this operation to the [redacted] *

Date .....

THIRD PARTY COPY

3

Tayside Radio Doctor Service

PROSPECT HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (0382) 561577

RECORD OF CALL Date: 28/7/87. Time: 21·30 Night Visit ☐

Patient's Name Robert Beattie Date of birth 19·5·58

Address 17, Clerwat Cres, Dun.

Patient's G.P. Dr. Gardiner Locum Joulogo.

HISTORY AND CLINICAL FINDINGS

? Pancreatitis
? exacerbation of D.U.
→ N/Wells.

Provisional Diagnosis

Joulogo.

ACTION TAKEN Admitted to hospital ✓

EMERGENCY EQUIPMENT USED

- ☐ Resuscitator
- ☐ Oxygen
- ☐ Venflon
- ☐ Defibrillator

FOLLOW UP

- No further contact required ☐
- Patient to contact doctor ☐
- Doctor to visit 2—3 days ☐
- (Locum to arrange) Next morning ☐

Amoxil (Amoxycillin) for Respiratory Tract Infections

Full prescribing information on Amoxil (regd) amoxycillin is available from Bencard, Brentford, Middlesex.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Division of Surgery

Telephone - 0382 60111
Your Ref.
Our Ref. FVB/MJC/M.P.I.
Enquiries to:— Dr F. Vanden Borre, Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

8th June, 1987

Dr W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr [redacted]

Robert Beattie, 162 Fintry Road, Dundee

This patient was admitted on 1st June 1987. He is a known chronic pancreatitis patient and in the past he had a highly selective vagotomy. After that he seemed to be troubled by what appears to be recurrent ulcers. His peak gastric out-put however was reduced by 50% after the highly selective vagotomy.

He was admitted for a gastroscopy and this showed no evidence of ulcers. Therefore no further procedure was undertaken. The patient was subsequently discharged home the next day, and will be followed up later on.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Division of Surgery

Telephone - 0382 60111
Your Ref.
Our Ref. JDC/AB
Enquiries to:— Mr. J. D. CAnnon,
Wards 11 and 12.

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

30th March, 1987
Dictated 30.3.87

MPT: 19 05 58 0037

Mr. R. Beattie,
162 Fintry Road,
DUNDEE.

Dear Mr. Beattie,

Further to Dr. Vanden Borre's letter of 17th March I understand that you are still keen to come in for surgery. I am therefore arranging for your admission to ward 11 on Monday 13th April. You will be getting official confirmation of this shortly.

Kind regards, Ward cancelled admission
+ can give no definite date for him to come back

Yours sincerely,

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS
DIVISION OF SURGERY

Telephone - 0382 60111

Your Ref.

Our Ref. SAS/SR

Enquiries to Mr. S. A. Sadek,
Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

19th August, 1986
Dictated: 16.8.86
Discharged: 12.6.86

M.P.I. 19 05 58 0037

Dr. W. [redacted]
162 Fintry Road,
DUNDEE.

Dear Dr. [redacted]

ROBERT BEATTIE, 162 FINTRY ROAD, DUNDEE

Mr. Beattie was admitted to Ward 11 for ERCP. This was performed on 12.6.86 and revealed normal bile ducts and gall-bladder with no pancreatic lesions. His urea and electrolytes were also within the normal range.

He will be reviewed again in the Surgical Out-patient Clinic.

Yours [illegible]

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125
Your Ref
Our Ref JPAW/AF 19 05 58 0037
Enquiries to:—

Department of Urology

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

24th December, 1986.
Dictated 12.12.86

Dr. C. Flavahan,
1 South Tay Street,
Dundee.

Dear Dr. Flavahan,

Robert Beattie, 162 Fintry Road, Dundee

Mr. Beattie came to the clinic today. He told me that after a domestic dispute he left home and went to London for a long time and this is why he never submitted any specimens for post-vasectomy analysis. However he is now back in Dundee. As you say he has developed a small nodule in relation to the ligature round the distal cut end of the vas on the right side. This I am sure is a small sperm granuloma. These normally resolve but as it is causing Mr. Beattie so much discomfort I have put his name on the waiting list to have it excised. When he comes to have this done we will get a sample analysed to make sure his vasectomy has been effective.

With kind regards.

Yours sincerely,

J.P.A. Weaver,
Consultant Urologist.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125

DEPARTMENT OF UROLOGY.

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

Your Ref

Our Ref JPAW/MS/19 05 58 0037

Enquiries to:—

24th April, 1986
Dict: 17.4.86

Dr. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. Gardiner,

Robert BEATTIE, 162 Fintry Road, DUNDEE.

Mr. Beattie attended as a day case to-day and had his vasectomy. He has been instructed to provide specimens at the end of three months for analysis and if they are both negative I will let him know that his operation has taken effect. Until then he has been told, of course, that he must use some other method of family planning. Thank you for referring him.

With kind regards,

Yours sincerely,

[redacted]P.A.WEAVER,
Consultant Urologist.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Division of Surgery

Telephone - 0382 60111
Your Ref.
Our Ref. AL/EK
Enquiries to:— Dr.A. Lari,
Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

3rd April 1986
Date of Clinic 2/4/86

MPI No. 19 05 58 0037

Dr. C. Flavahan,
1 South Tay Street,
DUNDEE.

Dear Dr. Flavahan,

Robert Beattie, 162 Fintry Road, Dundee.

I reviewed this patient in the Clinic today.

His upper G.I. investigations reported to be within normal limits. apart from his upper G.I. endoscopy which showed a mild oesophagitis. In view of his persisting symptoms, and the possibility of chronic pancreatitis, I am arranging for an E.R.C.P. to be done.

We will review him afterwards.

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125
Your Ref
Our Ref JPAW/AE 19 05 58 0037
Enquiries to:—

Department of Urology

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

19th March, 1986.
Dictated 14.3.86

Dr. C. Flavahan,
1 South Tay Street,
Dundee.

Dear Dr. Flavahan,

Robert Beattie, 162 Fintry Road, Dundee

Thank you for referring Mr. and Mrs. Beattie who came to the clinic today. I quite agree vasectomy is appropriate in this couple's case and I will arrange to do Mr. Beattie's vasectomy within the next few weeks.

With kind regards.

Yours sincerely,

J.P.A. Weaver,
Consultant Urologist.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE GENERAL HOSPITALS

Division of Surgery

Telephone - 0382 60111

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Your Ref.

Our Ref. AC/EK

Enquiries to:-
Professor A. Cuschieri,
Wards 11/12

20th February 1986
Date of Clinic 19/2/86

MPI No. 19 05 58 0037

Dr. C. Flavahan,
1 South Tay Street,
DUNDEE.

Dear Dr.Flavahan,

Robert Beattie, 162 Wintry Road, Dundee.

Thank you for referring this patient whom I saw in the Clinic on 19th February.

He gives a history of severe vomiting and epigastric pain. I know him well and he has been investigated in the past for duodenitis and chronic pancreatitis which is of alcoholic origin. He now states he has stopped drinking.

On examination I found epigastric tenderness but no abnormality. I think he requires further investigation with liquid gastric emptying studies, ultrasound, and endoscopy.

I will let you know the results of these in due course.

Yours sincerely,

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE GENERAL HOSPITALS

Telephone - 0382 23125

Your Ref
JPM/JPA 19 05 58 0037
Our Ref

Enquiries to:—

DUNDEE ROYAL INFIRMARY
DUNDEE
DD1 9ND

1st October, 1985

Dr. W. [redacted]
1 South Tay Street,
Dundee

Dear Dr. [redacted]

ROBERT BEATTIE, 162 FINTRY ROAD, DUNDEE

This 27 year old man attended Casualty on 25.9.85 complaining of painful knees. Evidently an oil drum had rolled into his legs earlier that morning and this aggravated a previous injury to his right knee. He was treated with a compressive bandage and was asked to return to Trauma Clinic on 1.10.85.

On examination today I could find no abnormality other than slight patello-femoral crepitus. I have reassured him that there is no major abnormality and discharged him from this clinic.

Yours sincerely,

J. P. MARTINDALE
Accident and Emergency Registrar

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT
Department of Orthopaedics

Telephone - 0382 23125
Your Ref.
Our Ref. /GB/19 05 58/0037
Enquiries to:—

ROYAL INFIRMARY
DUNDEE
DD1 9ND

15th August, 1984

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr [redacted]

RE: Robert Beattie, 3 Finlow Terrace, Dundee

Your patient did not attend the consultative orthopaedic clinic on 13th August and did not get in touch with the Department.

We will not send him/her a further appointment unless we receive a further request.

Yours sincerely,

[redacted]

Secretary
Orthopaedic Office

THIRD PARTY COPY

TAYSIDE HEALTH BOARD--DUNDEE DISTRICT Orthopaedic Department

Telephone - 0382 23125
Your Ref
Our Ref
Enquiries to:-Orthopaedic Office
Extn. 2255

ROYAL INFIRMARY
DUNDEE
DD1 9ND

MPI 19 05 58/0037

12th June, 1984

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Re - Robert Beattie, 3 Finlow Terrace, Dundee

Your patient did not attend Mr Waldie Consultative Orthopaedic Clinic on Monday, 11th June, 1984, and did not get in touch with the Department.

We will not send him/~~her~~ a further appointment unless we receive a further request.

Yours sincerely,

G.Bruce

Secretary,
Orthopaedic Office.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD

Telephone - 0382 60111

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Your Ref.

Our Ref. AC/EK

Enquiries to:— Professor A. Cuschieri,
Wards 11/12

5th June, 1984
Date Dictated 30/5/84

MPI No. 19 05 58 0037

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee.

I reviewed this patient in the Clinic on 30th May.

He contimues to have vomiting, on average three times a week, and on examination I found a succussion splash. Investigations have shown no evidence of his duodenal ulceration but there is definitely hold-up and impaired emptying in the stomach.

This patient has pyloric stenosis and requires further surgical treatment. I have put him on the urgent waiting list. [redacted] to go because case was taken. States that he enjoyed dept.

Yours sincerely,

A. Cuschieri,
Professor of Surgery.

THIRD PARTY COPY

DUNDEE HOSPITALS
OPERATION NOTES

Ward/Clinic/Hosp. ... Cons.
Surname ... Unit No.
First Name ... D. of B.
Address ... M. State
... Sex
Occupation ... No. (last digits)
G.P. & Address (G.P. Requests only)
USE BLOCK LETTERS OR HAND IMPRINTER

11 UNIT/WARD/DEPT

DATE OF OPERATION	Operation Proposed	TIME BEGAN AM PM / TIME FINISHED AM PM
22.11.93	Endoscopy	

SURGEON'S NOTES

Surgeon: Professor Anschieri

Luminal oesophagitis at the lower end. There was considerable [illegible] in the stomach including [illegible] pips and vegetable matter. The pylorus was mild and patulous. With considerable difficulty the scope could be introduced through the pylorus into the duodenum. There was no ulceration evident. The rest of the stomach appeared [illegible] no abnormality.

Initials:

Doctor's Name

THIRD PARTY COPY

CONSENT FOR OPERATION INVESTIGATION

I, ...

of, ...

hereby consent to *(undergo / (the submission of my *(child / (ward .....

..... to undergo (the operation/investigation of) .....

..... the nature and purpose of

which have been explained to me by * Dr./Mr. .....

I also consent to such further or alternative operative measures as may be found necessary durring the course of the above mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner.* *

Date ..... Signed .....
* [redacted]

I confirm that I have explained the nature and purpose of this operation to the [redacted] *

NINEWELLS HOSPITAL
Ninewells
DUNDEE DD2 1UB
Tel. 0382 60111

Division of Surgery
Wards 11 & 12
From Dr. R. J. Holdsworth
ext 2320

RJH/SS

2nd December, 1983

[redacted] 19 05 58 0037

Dr. W.Gardiner,
1 South Tay Street,
DUNDEE.

Dear Dr.Gardiner,

Robert Beattie, 3 Finlow Terrace, Dundee

Mr. Beattie was re-admitted as an emergency on 17.11.83. He gave a story of persistent vomiting and some central epigastric abdominal pain.

Over a period of 2 - 3 days the symptoms subsided spontaneously. Barium meal on 3.11.83 showed that there was no abnormality of gastric emptying and a gastroscopy on 4.11.83 also showed free passage of the gastroscope into the duodenum.

We are somewhat dubious about the origin of this gentleman's symptoms. We have arranged for a peak acid output to be done as an Out-patient and repeat endoscopy. He will be reviewed in Out-patients with the results of these investigations.

Yours sincerely,

R. J. Holdsworth,
Senior House Officer.

THIRD PARTY COPY

PD/EK

2nd November, 1983
Date Dictated 26/10/83

MPI No. 19 05 58 0037

Dr. J. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee.

This gentleman had a highly selective vagotomy done in June of this year. Following the operation he has had vomiting after most meals. He also has "shakey do's" which come on about one to two hours following a meal. He also complains of foul breath when he breaks wind.

On examination his abdomen has two stitch lumps developing around the lower end of the abdominal wound. These are slightly tender to palpate. His other complaint is left iliac fossa pain oncoughing.

This gentleman may well be developing obstruction following his duodenal ulcer. I have arranged for endoscopy and a barium meal and a gastric emptying test to be done. With respect to his stitch lumps, I have put his name down on the waiting list for these to be removed.

We will see him again in the Out-Patients when these tests have been done.

Yours sincerely,

P. [redacted] Registrar to
Professor A. Cuschieri.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

Telephone - 0382 60111
Your Ref.
Our Ref. RJH/JB
Enquiries to:– Dr. R. J. Holdsworth, Wards 11/12

Division of Surgery

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

9th August 1983
Dictated 3.8.83

MPI 19 05 58 0037

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee.

This gentleman was reviewed in Professor Cuschieri's Clinic today.

It is now 5 weeks since his highly selective vagotomy. His wound is well healed. However, there are two areas in the wound which would seem to be causing some irritation due to sutures. Generally speaking he would not be particularly complaining of any severe symptoms post-operatively, and I have arranged to see him in three months' time. If at this point he is still troubled by the stitches we will put him on the waiting list to have these removed under local [redacted]

Yours sincerely,

Division of Surgery
Wards 11 & 12
From Dr. R. J. Holdsworth

NINEWELLS HOSPITAL
Ninewells
DUNDEE DD2 1UB
Tel. 0382 60111

RJH/SS

18th July, 1983

M.P.I. 19 05 58 0037

Dr. [redacted]
1 South Tay Street,
DUNDEE.

Dear [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee

This gentleman was admitted on 25.6.83 for a highly selective vagotomy. The operation proceeded satisfactorily and he made an uneventful post-operative recovery being discharged home on 4.7.83.

He will be seen in the Out-patients Department in four weeks' time.

Yours sincerely,

THIRD PARTY COPY

[redacted]NDEE HOSPITALS

OPERATION NOTES

11 ..... UNIT/WARD/DEPT

Ward/Clinic/Hosp. ... Cons.

Surname ... Beattie 19 05 58 0057 Unit No.

First Name ... Robert D. of B.

Address ... M. State

... Sex

Occupation ... MPI No. (last 4 digits)

G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR HAND IMPRINTER

Dr. W.Gardiner, 1 South Bay Street

DATE OF OPERATION	Operation Proposed	TIME BEGAN ... AM PM
29.1.85	Proximal Gastric Vagotomy	TIME FINISHED ... AM PM

SURGEON'S NOTES

Surgeon: Mr.Wood/Mr.[redacted]ning/Dr.Jockett
Anaesthetist: Dr.Church

Opening up of old mid line [illegible] incision going to the left of the xiphisternum. On opening the abdomen there were quite a lot of adhesions from his previous [illegible]otomy. These were taken down to expose the liver and the stomach. Full [illegible]atomy was done. [illegible] gall-bladder and liver. There was evidence of [illegible] inflammation [illegible] which was [illegible] small bowel, and [illegible] large bowel.

[illegible] was [illegible] to the [illegible] division [illegible] in the [illegible] nerve [illegible] stomach. [illegible] supply [illegible] [illegible] in continuity. The anterior [illegible] difficult to [illegible] [illegible] blood [illegible] and a [illegible] oesophagus [illegible] anterior [illegible] The anastomosis between the back of the [illegible] and the [illegible] of the stomach. The antrum was then closed a little more distal to 4 cm from the pylorus.

Closure of the abdomen with nylon figure-of-eight sutures, continuous nylon to [illegible], interrupted nylon to skin.

N. A. B. Wood.

THIRD PARTY COPY

CONSENT FOR OPERATION INVESTIGATION

I,.....

of, ...

hereby consent to *(undergo / (the submission of my *(child / (ward .....

..... to undergo (the operation/investigation of) .....

..... the nature and purpose of

which have been explained to me by * Dr./Mr. .....

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Date ..... Signed .....
* [redacted]

I confirm that I have explained the nature and purpose of this operation to the [redacted] *

Date ..... Signed .....
* Medical/Dental Practitioner

NOTE: Age of Consent

The Tayside Health Board have been advised by the Central Legal Office that anyone who has attained 16 years of age can give or withhold valid consent to operation/ investigation on himself/herself. Ordinarily the [redacted] or [redacted] should be informed in the case of a patient who has not reached the age of 18.

* DELETE AS APPROPRIATE

** THIS CLAUSE SHOULD BE DELETED WHERE THE INITIAL CONSENT IS FOR AN INVESTIGATION AND NOT AN OPERATION

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THE FORM ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE.

THIRD PARTY COPY

Division of Surgery
Wards 11 & 12
From Prof.A. Cuschieri

NINEWELLS HOSPITAL
Ninewells
DUNDEE DD2 1UB
Tel. 0382 60111

AC/EK

21st June, 1983
Date Dictated 15/6/83

MPI No. 19 05 58 0037

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee.

This patient continues to complain of severe epigastric pain and heartburn. The pain wakes him at night.

Recent endoscopy showed very marked duodenitis without ulceration. He insists that he has stopped drinking and in view of the fact that he has had previous treatment with Cimetidine, I think surgery is indicated here.

I have put him on the waiting list for highly selective vagotomy.

Yours sincerely,

A.Cuschieri,
Professor of Surgery.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT
DEPARTMENT OF ORTHOPAEDICS

Telephone - 0382 23125
Your Ref
Our Ref JAD/EAB/ 19 05 58/0037
Enquiries to:—Fracture Clinic
J.A Dent

ROYAL INFIRMARY
DUNDEE
DD1 9ND

14th March 1983
(dict. 9/3/83)

Dr. W. M. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 103 Finella Terrace, Dundee.

Mr. Beattie attended Casualty on 1st March complaining of pain in his right elbow. He was seen in the Review Clinic the following day. He complains of pain in the right elbow since 28th February which has been associated with weakness of grip in his hand and decreased sensation in all fingers. In the past he mentions suffering from peptic ulceration and pancreatitis.

On examination he had a full range of passive movement in his right arm but all active movements were weak. There was no evidence of ulnar nerve entrapment at the elbow and none of the usual symptoms of median or ulnar nerve palsies. Sensation was decreased in all fingers.

X-ray examination revealed no underlying abnormalities and a full blood count was carried out. This has been reported as showing, E.S.R. 2, W.B.C. 5.7, Hb 15.9, Creatinine kinase elevated at 150 I.U. and a normal amylase and liver function test.

On review in the Clinic today Mr. Beattie's symptoms have settled and I have now discharged him from the Clinic. It may be that he has suffered from a transient peripheral neuropathy but no definite diagnosis has been made. I hope you will refer him back if he has any further recurrences. I understand that Mr. Beattie is waiting for an appointment at Ninewells Hospital regarding his pancreatitis.

Yours sincerely,

J A Dent

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

Division of Surgery
NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Telephone - 0382 60111
Your Ref.
Our Ref. AC/EK
Enquiries to:— Professor A. Gaschieri,
Wards 11/12

6th December, 1982
Date Dictated 1/12/82

MPI No. 19 05 58 0037

Dr. C. Flavahan,
1 South Tay Street,
DUNDEE.

Dear Dr. Flavahan,

Robert Beattie, 3 Finlow Terrace, Dundee.

I reviewed this patient in the Clinic on 1st December.

As you know, he had a Prolene knot removed from the lower end of the wound recently. He still complains of quite severe dyspepsia and on examination he had marked epigastric tenderness.

I thought we should repeat his endoscopy as I am very suspicious of an underlying duodenal ulcer here.

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

Division of Surgery
NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Telephone - 0382 60111
Your Ref.
Our Ref. MGW/EK
Enquiries to:— Mr. M.G. [redacted]
Wards 11/12

30th August, 1982
Date Dictated 25/8/82

MPI No. 19 05 58 0037

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3 Finlow Terrace, Dundee.

I saw this patient in the Follow-up Clinic on 25th August.

He is well and has had no further episodes of abdominal pain. I understand he has stopped drinking. He does complain of a tender swelling at the lower end of his scar.

On examination there is a subcutaneous prolene knot which is tender to palpation. I have arranged for removal of this as a day case.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

Division of Surgery

Telephone - 0382 60111

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Your Ref.

Our Ref. JB/NC

Enquiries to:— Mr. J. Brume,
Wards 11/12

Date typed: 05.07.82
Date dictated: 04.07.82
Date received: 05.07.82

MPI 19 05 58 0037

Dr. W. [redacted]
1, South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 3, Finlow Terrace, Dundee.

Your patient was admitted again on the 26th of June 1982.

The main problem was epigastric pain and tenderness which was similar to the one he presented with about a month ago. He was managed conservatively and investigated for the cause of the pain. He had an intra-venous cholangiogram which was very normal. He also had an urgent intra-venous urogram which was reported as being normal. His pain gradually improved for him to be discharged.

It is still difficult for us to know exactly what the cause of his pain is apart from the findings at laparotomy of evidence of chronic pancreatitis.

We will be seeing him again in the Clinic in the near future.

THIRD PARTY COPY

TAYSIDE RADIO DOCTOR SERVICE

'WAYSIDE', CASTLE ROAD, LONGFORGAN, BY DUNDEE, DD2 5HA.
Telephone: Longforgan 294

RECORD OF CALL

Patient's Name:	Robert Beattie	Date:	24/9/81
Address:	3 Finlay Terrace	Time:	4 p.m.
		Night Visit:	Yes/No
Patient's G.P.	Gardner	Patient's Age:	23

HISTORY AND CLINICAL FINDINGS

Brea ache [redacted]
lifting of engine
Tender h-s it
no history of mitral

ACTION TAKEN

Fortral 1 Qds

Drugs — Dispensed: ✓
— Prescribed:
Dangerous Drugs Register ☐

FOLLOW-UP

No further contact required		✓ Doctor to visit: Next Morning		Locum to phone	
Patient to contact Doctor	✓	2 - 3 Days			

Amoxil (Amoxycillin) for Respiratory Tract Infections

Full prescribing information on Amoxil (regd) amoxycillin is available from Bencard, Brentford, Middlesex.

THIRD PARTY COPY

TAYSIDE RADIO DOCTOR SERVICE

'WAYSIDE', CASTLE ROAD, LONGFORGAN, BY DUNDEE, DD2 5HA.
Telephone: Longforgan 294

RECORD OF CALL

Patient's Name: Robert Rattle
Date: 6/3
Address: 37 Lulow Tce
Time: 1805
Night Visit: ~~Yes~~/No
Patient's G.P. Gardner
Patient's Age: 22

HISTORY AND CLINICAL FINDINGS

Sore back for 2/52
Pain below L scapula.
Chest clear no evidence of pleurisy

?Muscular pain

ACTION TAKEN

Drugs — Dispensed: Mortal 500 tds
— Prescribed:
Dangerous Drugs Register ☐

FOLLOW-UP

No further contact required	☐	Doctor to visit: Next Morning	☐	Locum to phone	
Patient to contact Doctor	✓	2 - 3 Days	☐		

Amoxil (Amoxycillin) for Respiratory Tract Infections
Full prescribing information on Amoxil (regd) amoxycillin is available from Beecard, Brentford, Middlesex.

THIRD PARTY COPY

TAYSIDE RADIO DOCTOR SERVICE

54, [redacted] STREET,
DUNDEE. DD1 1HF.
'Phone: Dundee 23438/9

"WAYSIDE", CASTLE ROAD,
LONGFORGAN. DD2 5HA.
'Phone: Longforgan 294

RECORD OF CALL Date: 26.6.82 Time: 1pm ☐ Night Visit

Patient's Name: R B T BEATTIE Age: 24

Address: 3 FINLOW TCE FINTRY

Patient's G.P. GARDNER Locum: CUMMING

HISTORY AND CLINICAL FINDINGS

Epigastric pain 19.5.82.
Acute pancreatitis
R/E Pain → back now.
Recurrent pancreatitis

Provisional Diagnosis:

ACTION TAKEN

→ N/A.

Drugs — Dispensed:

— Prescribed:

Dangerous Drugs Register ☐

FOLLOW-UP

No further contact required ☐ Doctor to visit: Next Morning ☐ Locum to phone

Patient to contact Doctor ☐ 2 - 3 Days ☐

Amoxil (Amoxycillin) for Respiratory Tract Infections

Full prescribing information on Amoxil (regd) amoxycillin is available from Beecard, Brentford, Middlesex.

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DUNDEE HOSPITALS
OPERATION NOTES

..... UNIT/WARD/DEPT

Ward/Clinic/Hosp. ... --- Cons.
Surname ... Unit No.
First Name --- ---D. of B.
Address ... M. State
--- --- Sex
Occupation --- ---MPI No. (last 4 digits)
G.P. & Address (G.P. Requests only)
USE BLOCK LETTERS OR HAND IMPRINTER

DATE OF OPERATION	Operation Proposed	TIME BEGAN ..... AM PM TIME FINISHED..... AM PM

SURGEON'S NOTES

THIRD PARTY COPY

CONSENT FOR OPERATION INVESTIGATION

I,.....

of, ...

hereby consent to *(undergo / (the submission of my *(child / (ward .....

..... to undergo (the operation/investigation of) .....

..... the nature and purpose of

which have been explained to me by * Dr./Mr. .....

I also consent to such further or alternative operative measures as may be found necessary durring the course of the above mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner.* *

Date ..... Signed .....

* [redacted]

I confirm that I have explained the nature and purpose of this operation to the [redacted] *

Date ..... Signed .....

* Medical/Dental Practitioner

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

Division of Surgery

Telephone - 0382 60111

Your Ref.

Our Ref. [redacted]

Enquiries to:– Mr. [redacted]
Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

25th June, 1982
Date Dictated 23/6/82

MPI No. 19 05 58 0037

Dr. W.M. [redacted]
1 South Tay Street,
DUNDEE.

Dear [redacted]

Robert Beattie, 3 Finlow Terrace,Dundee.

This man is still complaining of some back pain which is consistent with a degree of pancreatitis. The laparotomy findings and the previously raised plasma amylase (highest 1224 I.U. per litre) support this. However, the onset has been over a short period of time and it is possible that the origin is viral.

In view of the sort& of relationships he has had with medical personnel in the past I think it is probably worth waiting for two months and if he is still having pain then we should get an intravenous cholangiogram. If however, an acute problem arises in the meantime, we will arrange the test sooner.

He says that he has stopped smoking and drinking. This ~~will~~ would help

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT Division of Surgery

Telephone - 0382 60111
Your Ref.
Our Ref. JB/SS
Enquiries to: Mr. J. Brume,
Wards 11/12

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Date of Typing: 1st June, 1982
M.P.I. 19 05 58 0037 Date Dictated: 30th June, 1982

Dr. W. M. [redacted]
1 South Tay Street,
DUNDEE.

Dear [redacted]

Robert Beattie, 103 Finella Terrace, Dundee

We admitted this patient as an emergency on 18.05.82. He presented with sudden localised upper abdominal pain which startedon the day of admission. He is known to have a pyloric ulcer.

On examination he was pyrexial with a temperature of 39°C and pulse rate of 100/minute. His chest was clinically clear and in the abdomen there was severe guarding and tenderness in the epigastrium. Rectal examination showed tenderness anteriorly.

We made a clinical diagnosis of peritonitis and carried out x-rays to try and find the cause. These x-rays were negative for a perforated ulcer and his serum amylase was normal.

He was initially managed conservatively, but we decided to do a laparotomy which showed features of some form of previous pancreatitis.

He did very well post-operatively. His wound was healing very nicely and we discharged him on 26.05.82. An appointment has been made to review him in the Clinic in four weeks.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

Telephone - 0382 60111
Your Ref.
Our Ref. PIH/SM
Dr. P. I. [redacted]
Enquiries to:- Wards 7 and 8.

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

22nd April, 1982.

Unit No. 190558 0037

Dr. W. M. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie, 4 St. Mungo Terrace, Dundee.

Mr. Beattie was admitted to Ward 7 on the 17th of April, 1982 as an emergency. He had been experiencing mild epigastric pain for four days prior to admission and on the night of admission the pain had become very severe.

It was constant in nature and was felt right through to his back. He was very nauseated although he had not vomited. He had also been complaining of recent onset of indigestion over the past few months.

On examination he was tender with guarding in his epigastrium. His full blood count, U's and E's, L.F.T's and amylase were all within normal limits. However, endoscopy revealed marked duodenitis with two acute ulcers, one on the anterior and one on the posterior walls just beyond the pylorus.

He was commenced on Cimetidine 200 mg three times a day and 400 mg at night. His pain gradually settled and he was discharged on the 20th of April, 1982. He will be reviewed in Surgical Out-Patients in one months' time.

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT

Telephone - 0382 60111
Your Ref.
Our Ref. HLE/MES/345144
Enquiries to:- Dr. H. L. [redacted]

MEDICAL ADMISSIONS UNIT
NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD2 1UB
17th March, 1976

Dr. W. M. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Re: Robert Beattie, b. 5.5.58,
103 Finella Terrace, Dundee.

The above patient presented to the Accident and Emergency Department on 6.3.76, claiming that he had experienced several episodes of sudden loss of consciousness a few days after being assaulted by the [redacted] He could remember no details of these incidents, but his [redacted] had described a sudden collapse, a rigid phase lasting about five minutes, associated with salivation and cyanosis, and a jerking phase lasting about two minutes.

On examination there was an obvious fresh injruy to the left temple and orbit which he had apparently sustained when falling. Otherwise, examination was unremarkable.

The patient was admitted for observation with a view to subsequent investigation of his presumed epilepsy, but later that day he decided that he wished to discharge himself against medical advice. Obviously, no further medical follow-up has been arranged.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

MEDICAL ADMISSIONS UNIT Ward 15

Telephone - 0382 60111

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Your Ref.

Our Ref. JCL/MM/19.05.58 0037

Enquiries to:— Dr J. C. Laird
Wards 1/2

15th January, 1981

Dr W. M. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr [redacted]

Robert Beattie, (19.05.58), 4 St Mungo Terrace, Dundee

This 22 year-old man was admitted to Ninewells Hospital on the 5th January, 1981 with a 10-day history of occasional chest pain which started over his lower left chest and radiated to his back. It was worse on deep inspiration and lasted from half-an-hour to 5 hours at a time. There were no exacerbating or relieving factors. It was not related to eating and not related to breathing.

DRUGS ON ADMISSION: Paramol 118 - he was taking 8 per day; Amoxycillin 500 mg q.i.d.

ALLERGIES: DISTALGESIC

PAST MEDICAL HISTORY: Appendicectomy 8 years ago; Circumcision 4 years ago.

SOCIAL HISTORY: Unemployed; smokes 10 cigarettes per day; hardly ever drinks alcohol; is married with 3 children.

FAMILY HISTORY: [redacted] and [redacted] are both alive and well; he has 5 [redacted] all of whom are alive and well.

SYSTEMATIC ENQUIRY: He admits to having had similar pains on and off for about 2 months. When he has had the pain he has to take shallow breaths. He admits to having a sputum which is greenish in colour, and he was told by his own GP that he had a wheeze. He has had heart burn for the past few days and on the day before admission, was nauseated.

EXAMINATION: Distressed; apyrexial; blood pressure 130/75; pulse 72/minute and regular; JVP was normal; heart sounds I and II were present with no added sounds; he had vesicular breathing with no crepitations, no rhonchi and no pleural or pericardial rubs. Abdominal examination revealed him to be a little tender in the left loin. No guarding; bowel sounds were present and there were no other abnormalities. His Central Nervous System was grossly intact.

INVESTIGATIONS: Chest X-ray and abdominal X-rays revealed no abnormalities. ECG was normal. Haemoglobin was 15.5 with a white blood count of 5.5; ESR was 0 mm in the first hour.

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PROGRESS & TREATMENT: Our impression was that Mr Beattie's pain was viral in nature and hence no further treatment was undertaken. He was, however continued on his Amoxycillin and given Paracetamol for pain relief. He was discharged on 6th January with no arrangements for follow-up.

Yours sincerely,

J. C. Laird

J. C. Laird
Senior House Officer

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT Neurology Department

Telephone - 0382 23125
Your Ref.
Our Ref. Unit No. 345144
Enquiries to:—JARL/ERP

ROYAL INFIRMARY
DUNDEE
DD1 9ND

15th December, 1978.

Dr. F. McGrory,
1 South Tay Street,
DUNDEE.

Dear Dr. McGrory,

Re: Mr. Robert Beattie (d.o.b. 5.5.58.)
103 Finella Terrace, Dundee.

This patient has missed a further neurological outpatient appointment. This is now the second appointment he has missed and I think that it must mean that he is not willing to attend. I have not therefore sent him a third appointment.

Yours sincerely,

J.A.R. Lenman

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT
Division of Medicine

Telephone - 0382 60111

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

Your Ref.

Our Ref. DES/DKM Unit No. 345144

Enquiries to:– Dr. D. [redacted],
Wards 3/4.

26th June, 1978
(Dictated 23.6.78)

Dr. J. A. [redacted]
1 South Tay Street,
DUNDEE.

Dear Dr. McGrory,

Robert Beattie, d/b 05.05.58
103 Finella Terrace, Dundee

This youth turned up forty minutes late for his 9.30 appointment on Tuesday. He proffered no excuse.

I looked carefully at his previous admission under me in March, 1976 from which he took his own discharge and I [redacted] both referral letters from you. I also looked at the discharge summary of his short admission under Professor Bouchier in April this year and looked carefully at the actual notes of that admission and also of the notes made in the Accident and Emergency Department in May of this year which included the diagnosis "inebriation".

The patient told me that since the [redacted] had "done him in " two years ago he has collapsed six times. He feels a little dizzy and then collapses losing consciousness. He knows he is going to black out. His [redacted] have both seen him black-out but neither was present when he came to Out-Patients on this occasion. When he recovers consciousness he feels sore in a wide region around the left side of his chest. This soreness lasts up to two days after his blackout. Nothing makes the soreness worse except perhaps hurrying about. He has hurt himself during several of these blackouts, on one occasion he hurt his knuckles and teeth, on the last occasion he cut his eye and on another occaaion he sustained two black eyes and a swollen nose. I could not be sure that he was not drunk on all these occasions. He has neither faecal nor urinary incontinence during his blackouts and after he regains consciousness he feels tired. He has been unemployed for three to four months but before that he was a barman and he still smokes cigarettes.

On examination he was a sallow youth with a sullen manner and a good physique. There were amateur tattooes on the doraal of his right hand and his right forearm which he told me were done "at [redacted] when he was 12 to 13 years old. I could find no abnormality on physical examination and both his chest x-ray and his E.C.G. were normal.

I/...

THIRD PARTY COPY

I reassured him strongly that there was nothing wrong with his heart but, of course, when someone has periodic blackouts of this kind it is difficult to exclude epilepsy and as there is clearly an element of resentment on the part of the patient against the [redacted] I felt that a Consultant Neurologist's opinion would be essential. I have therefore taken the [redacted] of referring him to Dr. Lenman for an opinion.

Yours sincerely,

D. [redacted]
Consultant Physician.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT

Telephone - 0382 23125
Your Ref.
Our Ref. GMdM/IMM. Unit No. 345144.
Enquiries to:—

ROYAL INFIRMARY
DUNDEE
DD1 9ND

Dr. W. [redacted]
1 South Tay Street,
DUNDEE.

9th January, 1980.
(Dictated 2nd January).

Dear Dr. [redacted]

Re: Robert Beattie, (19/5/58)
103 Finella Terrace, Dundee.

This patient was admitted yesterday having been assaulted.

Apparently, he had been punched and kicked and probably, briefly, knocked out.

He had a deep graze about 2 cm. square over the right iliac crest but clinically and radiologically there was no associated fracture. No fractures were seen on films of the skull, the graze was dressed with Sofratulle and the patient allowed home to-day.

Yours sincerely,

G.M. de MORNAY.
Medical Assistant.

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

Telephone - 0382 60111
Your Ref.
Our Ref. DMS/DK Unit No. 345144
Dr D Emslie-Smith, Wards 3 and 4
Enquiries to:—

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

25th September, 1978

Dr J A A Lenman
Consultant Neurologist
Department of Neurology
Royal Infirmary
DUNDEE.

Dear Andrew,

re: Mr Robert Beattie, d.o.b. 5/5/58
103 Finella Terrace, Dundee

Thank you for your note about this man. I think perhaps it would be expedient to send him one further appointment but if he fails to keep that then perhaps the matter could rest safely in Dr McCrory's capable hands.

Kind regards,

Yours sincerely,

THIRD PARTY COPY

TAYSIDE HEALTH BOARD – DUNDEE DISTRICT

Telephone - 0382 60111

Your Ref.

Our Ref. DM/DK Unit No. 345144

Enquiries to:– Dr. D. Muckart, Wards 3 and 4

NINEWELLS HOSPITAL
NINEWELLS
DUNDEE
DD1 9SY

DISCHARGE SUMMARY

NAME: Robert Beattie D O B 5/5/58

ADDRESS: 103 Finella Terrace, Dundee G P Dr F McGrory, 1 South Tay Street, Dundee

ADMITTED: 10/4/78

DISCHARGED: 12/4/78 CONSULTANT: Professor Bouchier

DIAGNOSIS Pleuritic Chest Pain

HISTORY

This man was admitted early on the morning of 11th April, 1978, complaining of unproductive cough for the last two to three days, general malaise and pleuritic chest pain on the left hand side. He gave an uncertain history of two previous fits.

He was on no medication on admission.

ON EXAMINATION

He had a slight tachycardia. Blood pressure was 140/90. There were no signs of failure nor deep venous thrombosis. Both heart sounds were present with no added sounds nor murmurs. He had marked upper cervical lymphadenopathy with normal percussion note and vesicular breath sounds. He also had a slight pyrexia of 37.5°C.

COURSE IN HOSPITAL

Over the next 48 hours the pain diminished and he started coughing green sputum. He became apyrexial and was discharged home on the 12th of April, 1978, taking DF118 30 mg six-hourly as required and Septrin two tablets twice a day.

No follow-up appointment has been made.

D. Muckart, House Physician .....

18th April, 1978
(Dictated 13/4/78) pp I. A. D. Bouchier .....

THIRD PARTY COPY

Dr. W. [redacted]
1 South Tay Street,
Dundee.

PLEASE ASK FOR Mr. K. [redacted]
PLEASE REPLY TO DUNDEE
OUR REF. 6/GM
YOUR REF.

22nd March,1976.

[redacted] STRACHAN & CO.
SOLICITORS AND NOTARIES PUBLIC
Formerly [redacted] Rost & Co. and John R. Strachan & Co

[redacted]
JOHN G. ROSS
ALEX. J. S. F. ROBB
MOYRA CAMERON
[redacted] J. [redacted]

Telephone Nos. 25252/3 and 22182
STD. ODU 2

2 [redacted] BUILDINGS
86 [redacted] STREET
DUNDEE, DD1 1JQ
Also at
65 CASTLE STREET, TAYPORT
Telephone No.: Tayport 2270

Dear Sir,

Robert Beattie
103 Finella Terrace, Dundee

We have been consulted by the above named who informs us that he was assaulted by some [redacted] officers on the 28th February,1976. We believe you examined him shortly after this assault. We would be obliged if you would let us have a report indicating what injuries he received and whether these were consistent with him having been assaulted. We enclose a Mandate for this purpose.

Yours faithfully,

[redacted]

THIRD PARTY COPY

25th March, 1976

[redacted] Strachan & Co.,
Solicitors and Notaries,
2 India Buildings,
86 [redacted] Street,
Dundee,
DD1 1JO.

Dear Sir,

Re: Robert Beattie,
103 Finella Tce., Dundee.

This man claims he was assaulted by the [redacted] on 28th February, 1976, receiving blows to the head and kicks to the rib cage.

He attended Casualty Department, Dundee Royal Infirmary, on 29th February, 1976 where examination revealed swelling and bruising over 7th - 10th left ribs in the anterior axillary line. There was no evidence of internal lung damage and X-ray of the chest wall showed no bony injury.

He consulted me on 5th March, 1976 still complaining of pain in left side of chest. On examination there was some residual bruising and a healing abrasion over 8th - 10th ribs which were tender on pressure, but movements of his rib cage were normal. He was advised to rest and given some analgesics for the pain. My impression was that his injuries could have been caused by an assault.

On 6th March, 1976 he presented himself to the Accident & Emergency Department at Ninewells hospital claiming that he had had episodes of sudden loss of consciousness.

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He could provide no details of these incidents but according to his [redacted] they took the form of sudden collapse followed by a rigid phase lasting about five minutes, associated with salivation and cyanosis and a jerking phase lasting about two minutes.

He was admitted for observation with a view to subsequent investigation but later the same day he took his own discharge from hospital against medical advice.

Yours faithfully,

W. M. Gardiner.

THIRD PARTY COPY

TAYSIDE HEALTH BOARD
~~Eastern Regional Hospital Board~~

DR A. HERSCHELL

TELEPHONE No. 23491

Constitution Road Clinic,
SPECIAL DISEASES SECTION
55 Constitution Road,
Dundee

5th August, 1975

Ref. No. 9082C.

Dr. W.M. [redacted]
1, South Tay Street,
DUNDEE.

Dear Dr. [redacted]

Robert Beattie,
103, Finella Terrace

The infection was gonococcal and he has been treated with Triplopen and Tetracycline.

Fortunately we have been able to trace his consort. She, too, has completed treatment.

Yours sincerely,

K.D. COCHRAN.

THIRD PARTY COPY

MRK/EA.

King's [redacted] Hospital

W. M. JAMIESON, M.D., F.R.C.P.E., D.P.H.
PHYSICIAN SUPERINTENDENT

Telephone Nos. 85241/2/3

Clepington Road

Dundee, 16th December, 1961.

Dr. J. Dallas,
1 South Tay Street,
DUNDEE.

Dear Dr. Dallas,

Robert Beattie, 3½ yrs., 103
Finella Terrace, Dundee.

Robert was admitted to [redacted] [redacted] Hospital on 2nd December with a two days' history of diarrhoea.

Sh. Flexneri X was isolated from his stool on admission, and he was treated as a case of Flexner dysentery with a five days' course of oral Streptomycin. His general condition improved rapidly with this and he is now clinically well. We have obtained three negative rectal swabs, and his stools are normal.

Other members of the Beattie family are also in hospital with dysentery, but they are not yet quite ready for discharge. Robert was allowed home on 15th December.

Yours sincerely,

ASST. PHYSICIAN.

THIRD PARTY COPY

Tayside Health Board ..... Hospital

Accident and Emergency No. 91/30680

USE BALL POINT PEN AND BLOCK LETTERS

Surname ... MARTIN ... D. of B. 05 58

First Name ... ROBERT ... C. State

Address ... 103 PARK ... M. Sex

DUNDEE

Occupation ... TAXI DRIVER ... MPI No. (last 4 digits) 0057

Date and Time of Injury 20/8/91 Accident Emergency Casual

Place of Injury: (Work) School Home (Indoor) Road Traffic Other (Specify)

Drugs: Penicillin Allergy Insulin Steroids A.T.S.

Maiden Name ... Age 33

Next of Kin and Relationship MOTHER S/A (Contacted YES / NO)

Tel. No.: nil

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
20891	2215				

DIAGNOSIS:

"Welder's Flash"

MEDICINES PRESCRIBED	DOSE	GIVEN BY
Chloramphenicol ointment	6 daily	

T. P. B.P.

HISTORY / COMPLAINT:

Welding today → felt something go into Rt eye.
Eyes felt gritty.
Goggles slipped

O/E — Welders flash conjunctivitis
? Small foreign body in Rt eye ? superficial to cornea

SITES X-RAYED: X-ray for foreign body (orbital) - no foreign body

X-RAY FINDINGS:

TMENT: D/w Dr Gavin - Ophthalmology

Instructed Methorane anaesthetic
Chloramphenicol ointment
Double eye patch

Signature (SHO)

THB(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic Eye clinic 21/8/91 Am

Ward No.

Other Hospital Aff Glen

Name and Address of Family Doctor:

DR. McGRORIE
S. TAY ST
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY

Tayside Health Board ... DRI ... Hospital

Accident and Emergency No. 93/6448

Maiden Name

Age 34

[redacted] and Relationship (Contacted YES / NO)

WIFE, S/A. ELAINE

Tel. No.: 504944

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
1/3/93	14 42				

DIAGNOSIS:

Paralysis (R) eye.

T. P. B.P.

HISTORY / COMPLAINT:

Eye Room. Eye injury self referral

PCL. Was pulling some electric cable when it gave way hitting the (R) eye. Injury occured this morning.

O/E (R) eye watering + red. No microscopic injury. Visual acuity (R) 3/5 (L) 3/5

PERLA.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Slit lamp - under fluorescene - Large corneal abrasion seen.

Brown stains also seen on (R) iris.

℞ Amethocaine [redacted] 5% Chloramycetin eye ointment + Eye pad.

Discussed : Ophthalmology Reg

THB(MR)5A (Rev. 2/86) Signature

USE BALL POINT PEN AND BLOCK LETTERS

Surname ... BEATTIE ... 19.5.58 ... D. of B.

First Name ... ROBERT G. ... M ... C. State

Address 28 GRAMPIAN GDNS DUNDEE ... M ... Sex

Occupation ... UNEMP ... 0034 ... MPI No. (last 4 digits)

Date and Time of Injury 1/3/93 | Accident Emergency Casual

Place of Injury: Work [redacted] Home (Indoor) Road Traffic Other (Specify)

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

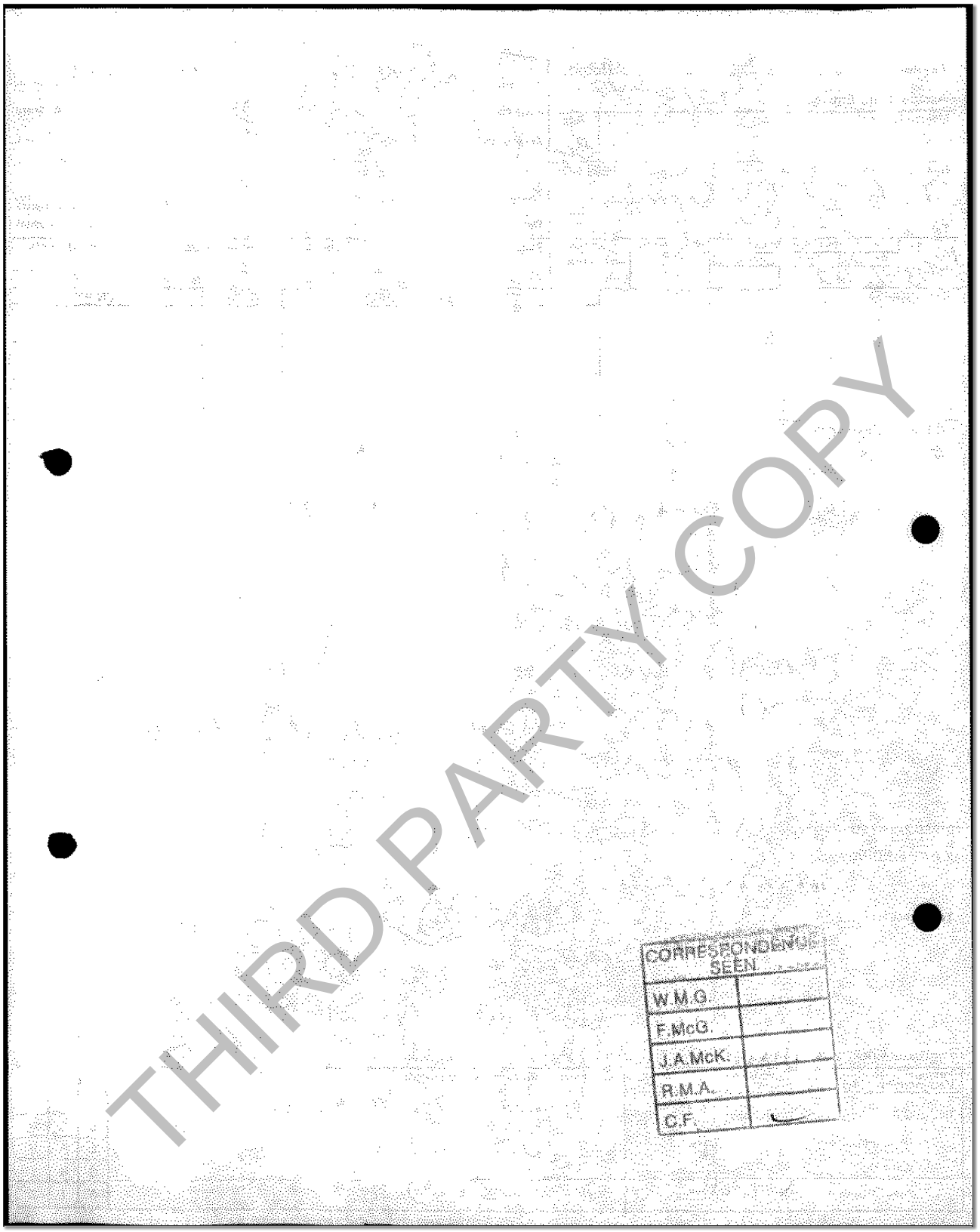
Other Hospital N/I Wells Ward 6A

Name and Address of Family Doctor:

DR T. McGRORY
50 STRATHTAY STR
DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY



THIRD PARTY COPY

USE [redacted] POINT PEN AND BLOCK LETTERS

DRI Hospital

Accident and Emergency No. 95/5557

Surname BEATTIE D. of B.

First Name ROBERT C. State

Address 123 PINCELLA TERRACE Sex

Occupation TAXI DRIVER MPI No. (last 4 digits)

Maiden Name Age

[redacted] and Relationship (Contacted YES / NO)

Mother Mary

Tel. No.:

Date and Time of Injury Accident Emergency Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other
1/4/95	1513	1530			

Place of Injury: Work [redacted] Other (Specify) Home (Indoor) Road Traffic

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

C.S. Gas sprayed into eyes.

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY
Chloromycetin [redacted] Gtts		AK Gmartt

HISTORY / COMPLAINT:

Had something sprayed into the face during an argument.

C/O Severe burning both eyes.

O/E - 1 cm left post. auricular laceration.

- Periorbital tenderness. Conjunctival congestion ++

Eyes washed under amethocaine cover.

Vision ✓

SITES X-RAYED:

16.30. Much more comfortable now. Some residual

X-RAY FINDINGS: photophobia + lid laceration. Periorbital tenderness remains.

TREATMENT:

Chloromycetin Gtts bilaterally

Eyepads for 24 hrs

Analgesia advised

Review PRN

Doctors' Signature AK [redacted]

Print Name For Legal Reasons GMartt

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

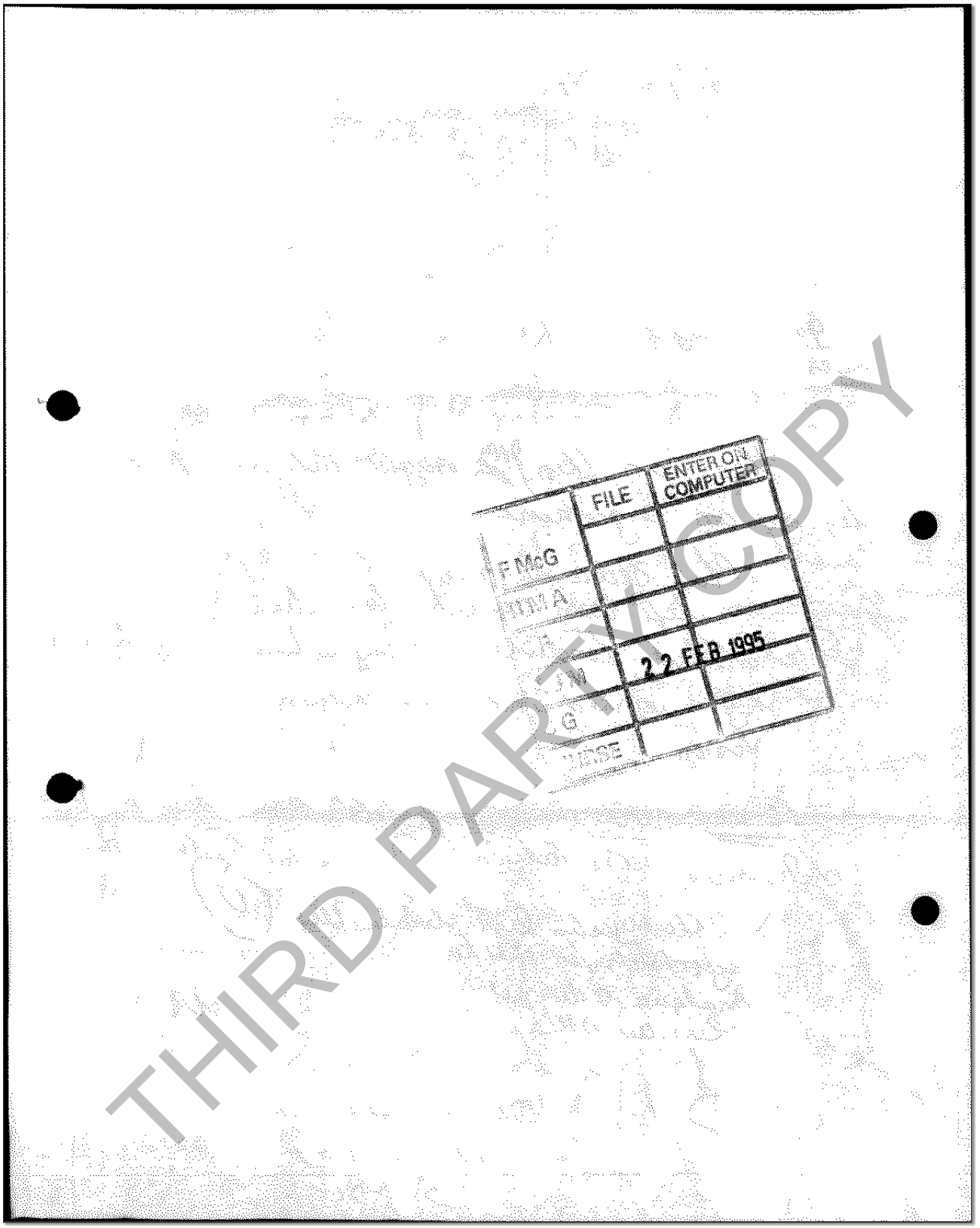
DR MONTGOMERY

50 S TAY ST

DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY



THIRD PARTY COPY

Tayside Health Board ..... DRI ..... Hospital

Accident and Emergency No. 80141393

Maiden Name

Age 29

[redacted] and Relationship GIRLFRIEND (Contacted YES / NO)

LYNN OSBORNE

Tel. No.: N/K

USE BALL POINT PEN AND BLOCK LETTERS

Surname ... BEATTIE ... D. of B. 19.5.58

First Name ... ROBERT C ... C. State

Address ... 17 ... SHENLOT ... CRES ... Sex M

... DUNDEE DD4 9QZ PKUT

Occupation ... UNEMP ... MPI No. (last 4 digits) 2037

Date [redacted] Time of Injury ... Accident / Emergency / Casual

Place of Injury: Work / School / Home (Indoor) / Road Traffic / Other (Specify)

Drugs: Pencillin Allergy / Insulin / Steroids / A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other
13.2.87	19 38				

DIAGNOSIS:

#(R) zygoma.

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY [redacted]

HISTORY / COMPLAINT:

TMC/LOC

slipped on ice last night, fell & banged (R) side of face. blew nose - emphysema around (R) eye

obs (R) periorbital haematoma

fracturing of (R) zygoma, pain over zygoma

Eom not applex well

(loss sensation (R) cheek

? # zygoma

[redacted] facial (now) possible # (R) zygoma

TETANUS CHECKED	
	NEED
W.B.C.	✓
Y.C.	
Neck	
C.S.A.	

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

(D dental opinion

THB(MR)5A (Rev. 2/86) Signature (illegible)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

DR. GARDINER

[illegible] TAY ST

[illegible] DUNDEE

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY

Tayside Health Board ..... Hospital

Accident and Emergency No. 87/141393

USE [redacted] POINT PEN AND BLOCK LETTERS

Surname BEATTIE D. of B. 19.05.58

First Name ROBERT C. State

Address Sex

Occupation MPI No. (last 4 digits)

Maiden Name Age 29

[redacted] and Relationship (Contacted YES / NO)

Tel. No.:

Date and Time of Injury Accident Emergency Casual

Place of Injury: Work [redacted] Home (Indoor) Road Traffic

Other (Specify)

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other

Drugs: Penicillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS:

#(R) zygoma.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

Thank you - Oral Surgery

Fell on ice last night - drunk.

Noticed ↑ swelling / bruising round (R) eye

Numb cheek & teeth feel strange / sore.

PMH Allergy to Distalgesic & PENICILLIN (rash)

o/e VUS Resp Diab Epil ↑BP F ↓Bleed. Prev GA ✓

Drugs - Tiaprofenic 2 × 25mg/night ↑ from GMP

DF118 - 2-3/day

OE Haematoma - ↑ periorbital / lower eyelid

Pre auricular - slight ↓ sensation.

SITES X-RAYED: Surgical emphysema over (R) cheek (developed this am when blew nose)

X-RAY FINDINGS: Restricted mandibular movts (lateral). 10/10 paraesthesia.

TREATMENT: Small subconj haemorrhage lateral (R) eye

Swelling over zygomatic arch. Amx 1gm 8hrly x 3 days ✓

Slight step (tender) (R) IO rim. Teeth missing 8/1/4 8/C7

Slight flattening (R) zygoma.

XR # (R) zygoma. Slight ↑ opacity (R) antrum.

Signature .....

TH8(MR)5A (Rev. 2/86)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY

Tayside Health Board ARI Hospital — C 345144

Accident and Emergency No. 90/31396

USE BALL POINT PEN AND BLOCK LETTERS

Surname BEATTIE — D. of B. 19.5.58

First Name ROBERT C — C. State M

Address 5 GRAMPIAN DRIVE — Sex M

DUNDEE — Res

Occupation TAXI DRIVER — 0034 — MPI No. (last 4 digits)

Maiden Name — Age 32

and Relationship WIFE C/H (Contacted YES / NO) — Tel. No. 503081

Date and Time of Injury — Accident / Emergency / Casual

Place of Injury: Work / Other (Specify) / Home (Indoor) / Road Traffic

Drugs: Penicillin Allergy / Insulin / Steroids / A.T.S.

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance / Other
24/8/90	00	01			

DIAGNOSIS

chest pain

T. P. B.P.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

HISTORY / COMPLAINT

pains in chest - 5 months duration off + on
chest pain began 1030pm sweaty
constant vomiting
left hand side
sharp pain - here all the time
ppt movement
relief - nil
- no radiation
ohlo trauma
Abusive to staff
o/e smelling of alcohol ++
Drowsy but orientated
pain on left 4th 5th ribs - no tenderness
on palpation. chest clear.
pt left Dept after CXR without results or further
advice from myself or staff.
CXR - nil seen

CORRESPONDENCE SEEN	
W.M.G.	
F.McG.	✓
J.A.McK.	
R.M.A.	
C.F.	

SITES X-RAYED

X-RAY FINDINGS

TREATMENT

THB(MR)5A (Rev. 2/86) Signature Mbotton

Tetanus Vaccination	1st	Covered 2nd	Booster

To G.P. Discharged

OP Clinic Discharged

Ward No. scdt.

Other Hospital

Name and Address of Family Doctor:

DR. C. McGRORY
50 ST. TAY ST.
DUNDEE.

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY

Tayside Health Board ..... Hospital

Accident and Emergency No. .....

USE POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... C. State

Address ..... Sex

Occupation .....

MPI No. (last 4 digits)

Maiden Name | Age

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date and Time of Injury | Accident | Emergency | Casual

Place of Injury: Work | School | Other (Specify) | Home (Indoor) | Road Traffic

Drugs: Pencillin Allergy | Insulin | Steroids | A.T.S.

Date	Time of Arrival (24hr. clock)	Referred by G.P. YES / NO	Transport Ambulance / Other
4/8/12	2-45		

DIAGNOSIS:

L) infraorbital margin, # nose.

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

Assault. Punch to face c stumbled. Now c/o grossly swollen nose. " " " L) infraorbital margin c haematoma anaesthetic L) cheek No squint.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

THB(MR)5A

Signature .....

Tetanus Vaccination	1st	2nd	Booster
		Covered	

To: G.P. Discharged

OP Clinic .....

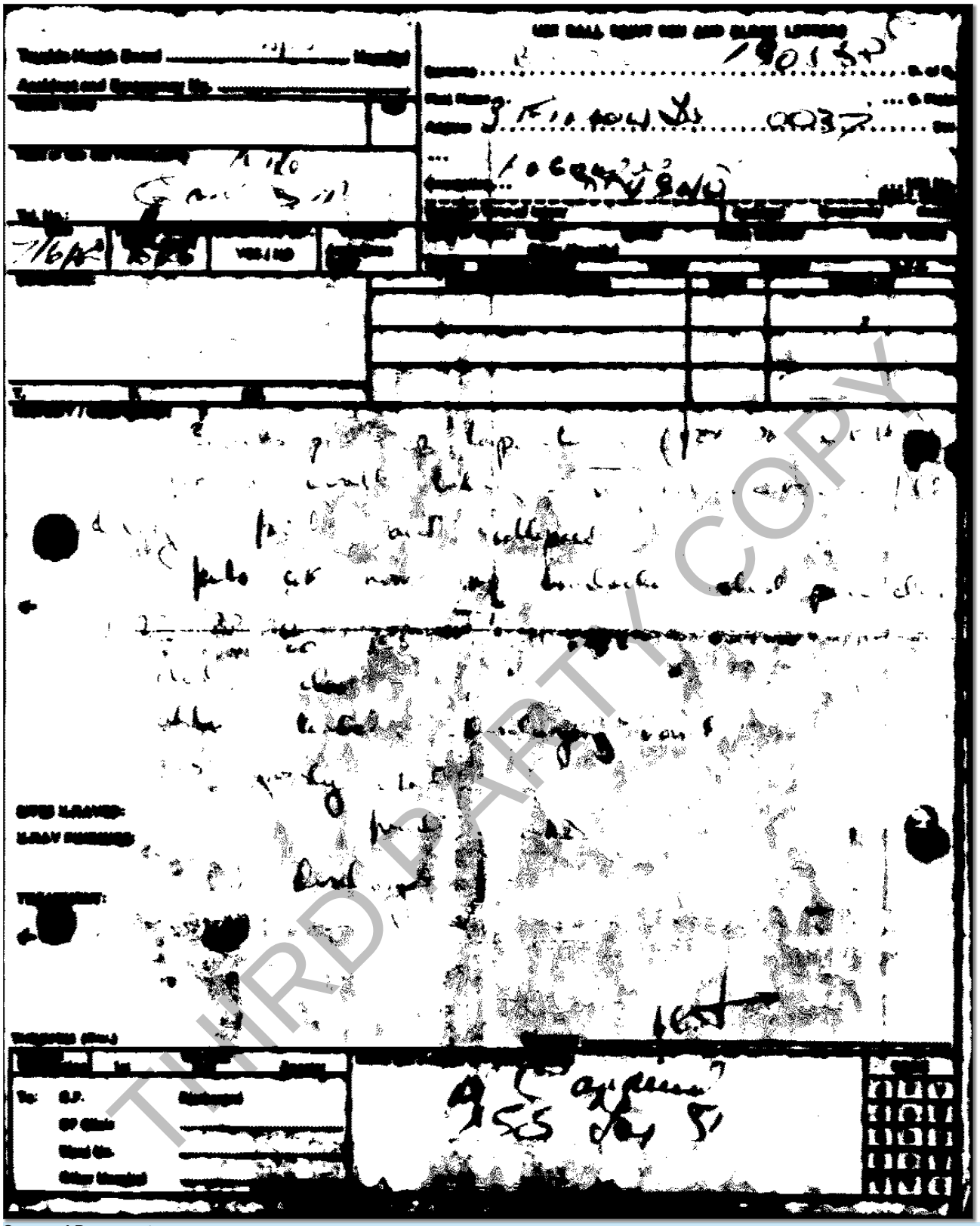
Ward No. A/E Rm. .....

Other Hospital .....

Name and Address of Family Doctor:

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

THIRD PARTY COPY



THIRD PARTY COPY

Scanned Document
21-May-2026 ANDREA.TODD
Additional: Scanned Document

Filename: rbb.PDF
Extension:.tif
Pages:

IMMUNOPATHOLOGY

DMR 375

Request Entered: 13 Jun 2003 12:34

Tayside Clinical Laboratory Services

NAME: BEATTIE Robert Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: I03335686
Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

Thyroid Peroxidase Antibody	8	u/ml	(0-35)

RECEIVED
23 JUN 2003

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

Lab.Comments: Report Seen By Dr.E Spiers.

Sample Date/Time
13 Jun 2003

REPORT RECEIVED
DOCTOR'S INITIALS

BIOCHEMISTRY

DMR 374

Tayside Clinical Laboratory Services . Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C03335686
Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

TSH	0.21 <	mU/L	(0.4-4.0)

RECEIVED
16 JUN 2003

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

Lab.Comments:

Sample Date/Time
13 Jun 2003

Request Entered: 13 Jun 2003 12:43 Report Printed: 13 Jun 2003

REPORT RECEIVED
DOCTOR'S INITIALS

THIRD PARTY COPY

HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services — Telephone 660111 Ext 32602

NAME: BEATTIE Robert Sex: M CHI Number: 1905580037 DoB: 19 May 1958
Lab No: H03271716
Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

Hb	15.0	g/dl	WBC	6.9	x10^9/l	PLT	226	x10^9/l
RBC	5.07	x10^12/l	NE#	4.2	x10^9/l	MPV	11.0	fl
HCT	0.437	1/1	LY#	1.9	x10^9/l			
MCV	86.2	fl	MO#	0.6	x10^9/l			
MCH	29.6	pg	EO#	0.2	x10^9/l			
MCC	34.3	g/dl	BA#	0.0	x10^9/l			

PV 1.64 mPa.s. (1.5-1.72)

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

RECEIVED 21 APR 2003

Received 21 Apr 2003 12:54 Date of FBC Request 21 Apr 2003 Report Issued 21 Apr 2003

REPORT RECEIVED
DOCTOR'S INITIALS

BIOCHEMICAL MEDICINE

DMR374

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C03271716
Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

SODIUM	141		mmol/L	(135-147)	
POTASSIUM	4.3		mmol/L	(3.5-5.0)	
UREA	4.7		mmol/L	(3.3-6.6)	
CREATININE	99		umol/L	(64-120)	
ALT	19		U/L	(15-55)	
BILIRUBINS	7		umol/L	(0-17)	
ALKALINE PHOSPHATASE	115	>	U/L	(30-105)	
ALBUMIN	41		g/L	(36-50)	
CALCIUM	2.31		mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.40		mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	3.8		mmol/L	(3.3-5.8)	
TSH	0.17	\<	mU/L	(0.4-4.0)	
URATE	0.33		mmol/L	(0.24-0.45)	
C-REACTIVE PROTEIN	4		mg/L	(up to 5)	

RECEIVED 21 APR 2003

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

Normal.

Lab.Comments:

Sample Date/Time
21 Apr 2003

Request Entered: 21 Apr 2003 13:11 Report Printed: 21 Apr 2003

REPORT RECEIVED
DOCTOR'S INITIALS

THIRD PARTY COPY

BIOCHEMICAL MEDICINE

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert — Sex: M — PID: 1905580037 — DoB: 19 May 1958
Lab No: C03271716
Tay Court Surgery — Clinician: Dr A.J. [redacted] — TCS MONA1G

SODIUM	141		mmol/L	(	135-147)
POTASSIUM	4.3		mmol/L	(	3.5-5.0)
UREA	4.7		mmol/L	(	3.3-6.6)
CREATININE	99		umol/L	(	64-120)
ALT	19		U/L	(	15-55)
BILIRUBINS	7		umol/L	(	0-17)
ALKALINE PHOSPHATASE	115	>	U/L	(	30-105)
ALBUMIN	41		g/L	(	36-50)
CALCIUM	2.31		mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.40		mmol/L	(	2.10-2.55)
GLUCOSE (preserved tube)	3.8		mmol/L	(	3.3-5.8)
TSH	0.17	<	mU/L	(	0.4-4.0)
URATE	0.33		mmol/L	(	0.24-0.45)
C-REACTIVE PROTEIN	4		mg/L	(	up to 5)

OK

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

RECEIVED 23 APR 2003

Lab.Comments:

Sample Date/Time
21 Apr 2003

Request Entered: 21 Apr 2003 13:11 — REPRINT Report Printed: 22 Apr 2003

REPORT RECEIVED
DOCTOR'S INITIALS

IMMUNOPATHOLOGY

Tayside Clinical Laboratory Services — Tel (01382)632539 Internal Ex.32539

NAME: BEATTIE Robert — Sex: M — PID: 1905580037 — DoB: 19 May 1958
Lab No: I03271716
Tay Court Surgery — Clinician: Dr A.J. [redacted] — TCS MONA1G

Rheumatoid Factor	12 iu/ml	(0-14)	
Anti Nuclear Antibody	Negative		
Ro(SSA)	Negative		
La(SSB)	Negative		
Rnp	Negative		
Sm	Negative		
Scl-70	Negative		

OK

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

RECEIVED 25 APR 2003

Please request CRP on BIOCHEMICAL MEDICINE request form!

Lab.Comments: Report Seen By Dr.E Spiers.

Sample Date/Time
21 Apr 2003

Request Entered: 21 Apr 2003 13:11 — Report Printed: 24 Apr 2003

REPORT RECEIVED
DOCTOR'S INITIALS

THIRD PARTY COPY

NINEWELLS HOSPITAL Virology/Bacterial Serology 013 2 [illegible] 2556

Name : BEATTIE, Robert
CHI No : 1905580037 Clinician:Dr A.J. MONTGOMERY
DOB : 19 May 1958 Sex: M Tay Court Surgery
Post Code: DD4 9NE

VENOUS BLOOD

Specimen No: 00V012404J
Date Taken : 15 Jun 2000

Helicobacter pylori IgG POSITIVE

2nds Rx. [redacted] Message made appr. 605648

RECEIVED
22 JUN 2000

NORMAL	20 JUN 2000
APPOINTMENT	
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	
NOTES	

All users, please note - repeat testing of H.pylori antibody positive patients is not indicated. Where given, success or failure of antibiotic eradication therapy cannot usefully be determined serologically with current assays for antibody.

Date of Report: 20 Jun 2000

BIOCHEMICAL MEDICINE

DMR 374

NINEWELLS HOSPITAL AND MEDICAL [redacted] Telephone 660111 Ext 32601/2

Name: BEATTIE Robert Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C00542951
Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

SODIUM	139	mmol/L	(	135-147	)
POTASSIUM	4.5	mmol/L	(	3.5-5.0	)
UREA	5.4	mmol/L	(	3.3-6.6	)
CREATININE	96	umol/L	(	64-120	)
ALT	14 <	U/L	(	15-55	)
BILIRUBINS	13	umol/L	(	0-17	)
ALKALINE PHOSPHATASE	80	U/L	(	30-105	)
ALBUMIN	48	g/L	(	36-50	)
CALCIUM	2.36	mmol/L	(	2.10-2.55	)
CALCIUM (CORRECTED)	2.32	mmol/L	(	2.10-2.55	)
GLUCOSE	7.0 >	mmol/L	(	3.3-5.8	)
GLUCOSE	7.1 >	mmol/L	(	3.3-5.8	)
AMYLASE	60	U/L	(	0-100	)

Rnee

RECEIVED
19 JUN 2000

rpt in 1/yr

Lab.Comments:

NORMAL	19 JUN 2000
APPOINTMENT	Sample Date/Time 15 JUN 2000
PRESCRIPTION DONE	
SPEAK TO DOCTOR	
PRACTICE NURSE	190
NOTES	

Request Entered: 15 Jun 2000 13:42 Report Printed: 15 Jun 2000

REPORT RECEIVED
DOCTOR'S INITIALS

THIRD PARTY COPY

PARTMENT O[illegible] IMMUNOPATHOLOGY [illegible] DI[illegible]CT [illegible](01382) 632539
N[illegible] WELLS HOSP[illegible]TAL AND MEDICAL [illegible]CHO[illegible] [illegible]INTERNAL [illegible]2537

Name: [illegible]ATTIE Robert D[illegible]: [illegible]9 May 1958 AGE: 41Yrs SEX:M PID: 1905580037
SOURCE: Tay Court Surgery CLINICIAN Dr A.J. [redacted]
LAB NO. I99582668 SPECIMEN DATE/TIME 04 Aug 1999

C3	110	mg/dl	(90-180)
C4	18.0	mg/dl	(20-50)
Rheumatoid Factor	3	Iu/ml	(0-50)
C Reactive Protein	0	mg/l	(0-5)
Anti Nuclear Antibody	Negative		

exactly nmd.

6 AUG 1999

Report Seen By Dr.E Spiers.

REQUEST ENTERED: 04 Aug 1999 12:22 REPORT RECEIVED:
REPORT PRINTED : 05 Aug 1999
TCS MONA1G

DIRECTORATE OF BIOCHEMICAL MEDICINE [illegible] Tel 660111
NINEWELLS HOSPITAL AND MEDICAL [redacted] DUNDEE [illegible] Ext 32601/2

Name: BEATTIE Robert DOB: 19 May 1958 AGE: 41Yrs SEX:M PID: 1905580037
SOURCE: Tay Court Surgery CLINICIAN: Dr A.J. MONTGOMERY
LAB NO. C99582668 SPECIMEN DATE/TIME: 04 Aug 1999

SODIUM	139	mmol/L	(135-147)
POTASSIUM	3.9	mmol/L	(3.5-5.0)
UREA	4.0	mmol/L	(3.3-6.6)
CREATININE	99	umol/L	(64-120)
GLUCOSE	5.1	mmol/L	(3.3-5.8)
C-REACTIVE PROTEIN	LT3	mg/L	(up to 5)

nmd

5 AUG 1999

REQUEST ENTERED: 04 Aug 1999 12:22 REPORT RECEIVED
REPORT PRINTED : 04 Aug 1999
TCS MONA1G

THIRD PARTY COPY

HAEMATOLOGY

DMR292

DEPARTMENT OF HAEMATOLOGY - NINEWELLS HOSPITAL

NAME: BEATTIE Robert Sex: M CHI Number: 1905580037 DoB: 19 May 1958
Lab No: H99582668

Tay Court Surgery Clinician: Dr A.J. [redacted] TCS MONA1G

Hb	15.3	g/dl	WBC	7.2	x10^9/l	PLT	193	x10^9/l
RBC	5.02	x10^12/l	NE#	3.5	x10^9/l	MPV	11.3	fl
HCT	0.458	1/1	LY#	2.5	x10^9/l			
MCV	91.2	fl	MO#	0.7	x10^9/l			
MCH	30.5	pg	EO#	0.4	x10^9/l			
MCC	33.4	g/dl	BA#	0.0	x10^9/l			

PV 1.41 L mPa.s. (1.5-1.72)

all normal.

- 6 AUG 1999

Received 04 Aug 1999 12:13 Date of FBC Request 04 Aug 1999 Report Issued 04 Aug 1999

REPORT RECEIVED

DOCTOR'S INITIALS

Dundee Teaching Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1

AS No:190558 0037 Comp No.171501 Att.No 4 Hospital: NINEWELLS HOSPITAL

[redacted] ROBERT BEATTIE
ddress: 103 FINELLA TCE
DUNDEE
DD4 9NE

Referring Clinician: AJM4 Dr A J MONTGOMERY
Ward: GP TAY COURT SURGERY
In/Out: Out-Patient 50 SOUTH TAY STREET
DUNDEE DD1 1PF

Request Date Attend Date 22/07/1999

CERVICAL SPINE - 2 VIEWS: There is osteophytic lipping and slight reduction of joint space between C5 and C6 in keeping with cervical spondylosis. Vertebral alignment is maintained. No other significant abnormality.

JMR

Some OA changes.

This report is only valid when verified

Exam Date:22/07/1999 Date Typed 22/07/1999
Exam:SCER Radiologist:DR JM REHMAN/ES VERIFIED BY JR/JR

THIRD PARTY COPY

Dundee Teaching Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1

PAS No:190558 0037 Comp No.171501 Att.No 1 Hospital: KINGS [redacted] HOSPITAL

Name: ROBERT BEATTIE
Address: 103 FINELLA TCE
DUNDEE
DD4 9NE

Referring Clinician: AJM4 Dr A J MONTGOMERY
Ward: GP TAY COURT SURGERY
In/Out: Out-Patient 50 SOUTH TAY STREET
DUNDEE DD1 1PF

Request Date Attend Date 27/04/1999

SHOULDER - RIGHT:

No evidence of underlying bone or joint abnormality.

Date	Filo	Enter on Computer
FMoG		
RMA		
CF		
AJM		
SG		
Nurse 1		
Nurse 2		

RECEIVED
01 MAY 1999

This report is only valid when verified

Exam Date:27/04/1999 Date Typed 28/04/1999
Exam:SHOR Radiologist:Dr TW [redacted] VERIFIED BY TNT/TNT

Dundee Teaching Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1

PAS No: 190558 0037 Comp No. 171501 Att.No 1 Hospital: DUNDEE ROYAL INFIRMARY
Name: ROBERT BEATTIE
Address: 103 FINELLA TCE
DUNDEE

Referring Clinician: Dr A J MONTGOMERY
Ward: GP
GP Practice: TAY COURT SURGERY
50 SOUTH TAY ST
DUNDEE , DD1 1PF

REQUEST DATE 04/06/97 DD4 9NE

CERVICAL SPINE: Established spondylotic change particularly at C5/6 and C6/7. History of previous injury is noted but, there is no radiological evidence of trauma. The alignment of the individual cervical vertebral bodies remains intact.

SHOULDER - LEFT: Negative.

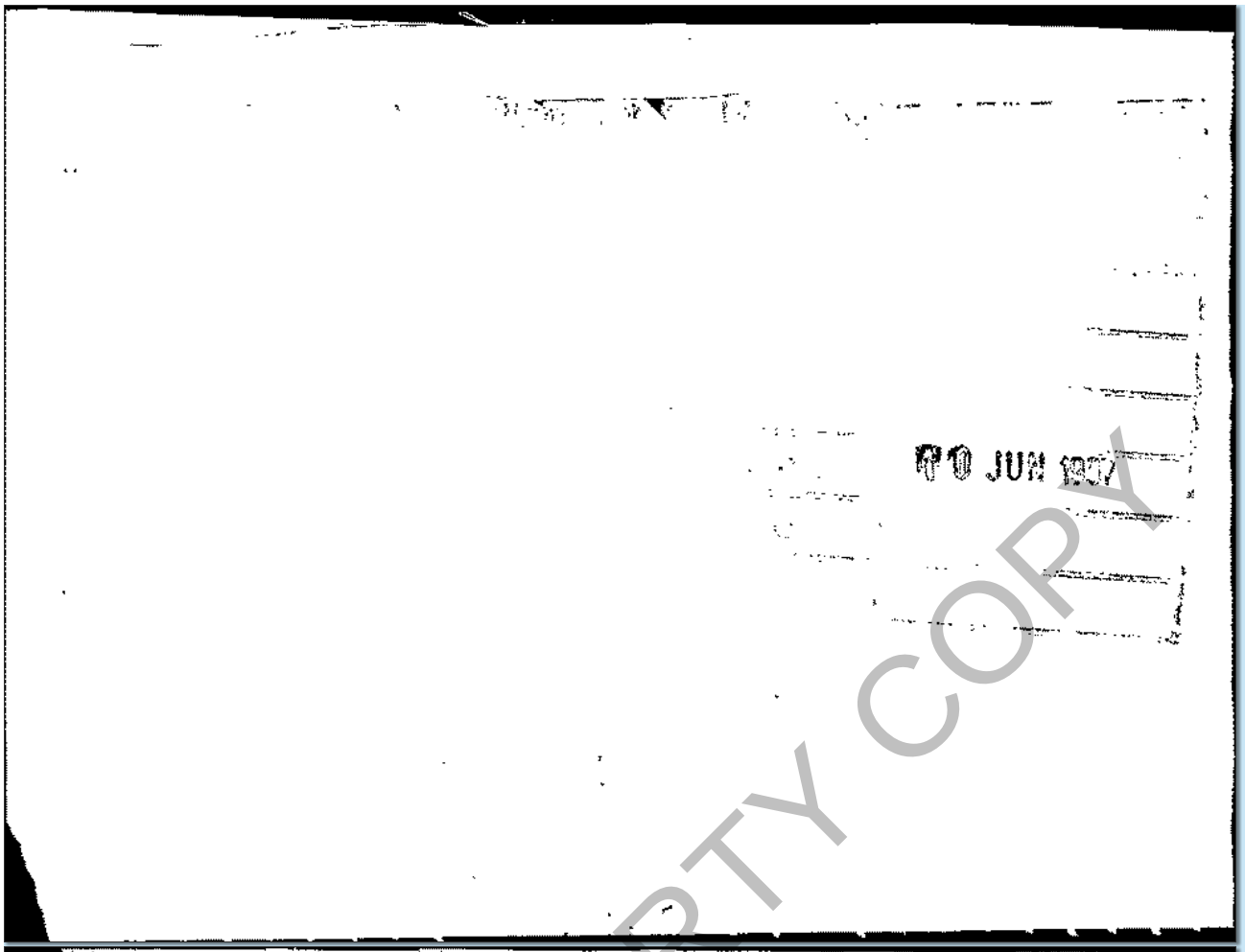
neck : arthritis .

This report is only valid when verified

Exam date 04/06/97
[redacted] SCER SHOL X20

Date reported 05/06/97 Date typed 05/06/
Radiologist: Dr J W McNAB /AB VERIFIED

THIRD PARTY COPY



10 JUN 1993

Previous X-Rays Yes ☐ No ☑
Where When

Is patient pregnant? Yes ☐ No ☑
LMP / /

History of allergy / asthma Yes ☐ No ☑
Details:

Hosp. Cons.

D D M M Y Y
1 9 0 5 5 2 0 0 3 7 C.H.I. No.

Surname Beattie
First Name Robert S. M. State
Address 103 Kinella Tce M Sex
BS4 9NG

G.P. & Address (G.P. Requests only) DR A J MONTGOMERY
COURT SURGERY
TAY STR
DUNDEE

USE BLOCK LETTERS OR PATIENT LABEL

Clinical Details: ↑ pain ↓ L shoulder (R)
Provisional Diagnosis: Shoulder radiculopathy c/o (R)
Previous Operations: appy.
Please state specific problem:

I/P ☐ O/P ☐ G/P ☑

EXAMINATION REQUESTED: C2 2 3 Cervical pain ± (R) shoulder.

NAME (Block Capitals): Dr. A. J. MONTGOMERY
Signature: COURT S
APPOINTMENT:
Date: 20 JUL 1993

REPORT:

CERVICAL SPINE: A little early spondylotic change.
RIGHT SHOULDER: Negative.

J.W.McNab/FMm 10.8.93

little real arthritis

90)

Date:
Radiologist's Signature:

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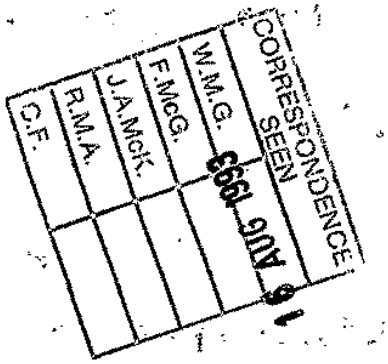

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

BEATTIE 190588
ROBERT M
103 FINELLA TERRACE
DUNDEE

SOURCE OF REQUEST
50 STH TAY ST,DUNDEE MISC
[redacted] G.P.

CLINICAL DATA	ISSUE	PAGE
	1	1

03/06/92 Ear/S RIGHT Many [37] Staph aureus
1100HRS 28730U Many [11] Coliforms
GEN+CHLO have been tested for topical use only

		[37]	[11]
03/06/92	Ear/S		
1100HRS	28730U	CHLO S	GEN S
		GEN S	CHLO R

P.

CORRESPONDENCE SEEN

W.M.G.	
F.McG.	
J.A.McK.	
R.M.A.	
C.F.	

KWD.-8

05/06/92

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Further information and advice is available by contacting the laboratory at Ninewells Hospital 60111, Extension 2559 ■ 2855 ■ the duty microbiologist (Bleep 039). Virology enquiries, Extension 2543 or 2525.

C - reactive protein : normally less than 10 mg/L

5 - Fluc/tosine N/A 60 to 80 mg/L

Vancomycin 5 to 10 mg/L 18 to 25 mg/L (2 hr)

Tobramycin 1 to 2 mg/L 5 to 10 mg/L (1 hr)

Netilmicin 1 to 2 mg/L 8 to 10 mg/L (1 hr)

Gentamicin 1 to 2 mg/L 8 to 10 mg/L (1 hr)

	Pre-dose	Post-dose

ADULT PREFERENCE RANGES FOR ANTIBIOTIC ASSAYS AND CRP

FOL - Result to follow

■	- amikacin	CHLO	- chloramphenicol	5 FC	- 5 flucytosine	NAL	- nalidixic acid	SPEC	- spectinomycin
AMOX	- amoxycillin	CIP	- ciprofloxacin	FUS	- fusidic acid	NEO	- neomycin	SUL	- sulphonamide
ATER	- amphotericin	CLIN	- clindamycin	GEN	- gentamicin	NET	- netilmicin	SXT	- cotrimoxazole
AUG	- augmentin	CLOX	- flucloxacillin	IMP	- imipenem	NIT	- nitrofurantoin	TET	- tetracycline
AZLO	- azlocillin	CTAX	- cefotaxime	MET	- metronidazole	NYS	- nystatin	TEI	- teicoplanin
ATM	- aztreonam	CZID	- ceftazidime	MEZ	- mezlocillin	PEN	- benzylpenicillin	TOB	- tobramycin
CARB	- carbenicillin	CXM	- cefuroxime	MOX	- moxalactam	PIP	- piperacillin	TRI	- trimethoprim
CFAL	- cephalexin	ERY	- erythromycin	MUP	- mupirocin	RIF	- rifampicin	VAN	- vancomycin

ANTIBIOTIC ABBREVIATIONS IN USE ON REPORT

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MICROLAB 3300 UK v4.02 FULL REPORT

Patient Name: Robert Beattie

ID:
Sex: Male
Height: 176 cm

All Spirometry Results

	BASE		
TEST	1	2	3
FEV1	5.13	5.26	5.30
FVC	5.87	5.99	5.97
PEF	640	588	604
VAR	2	2	0

Best Spirometry ...

	Base
VC	5.53
FEV1	5.20
FVC	5.97
PEF	604
V1%	88
	7.85
F25	2.82
MEF	6.41
I50	
R50	
PIF	
MVV	198
FET	4.73

Lung Age: ...

Micro Medical Ltd. CatNo.PSA 1600

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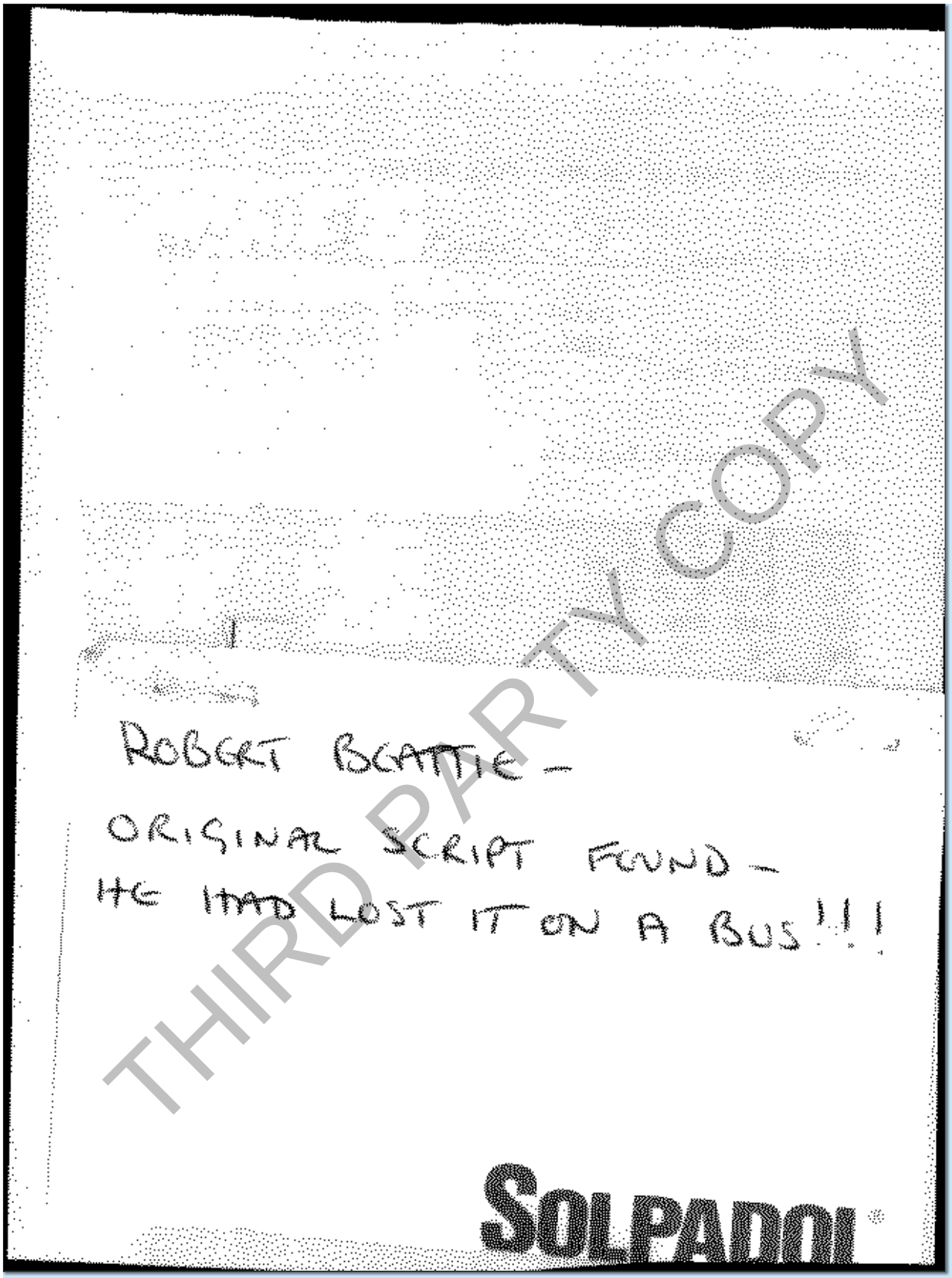

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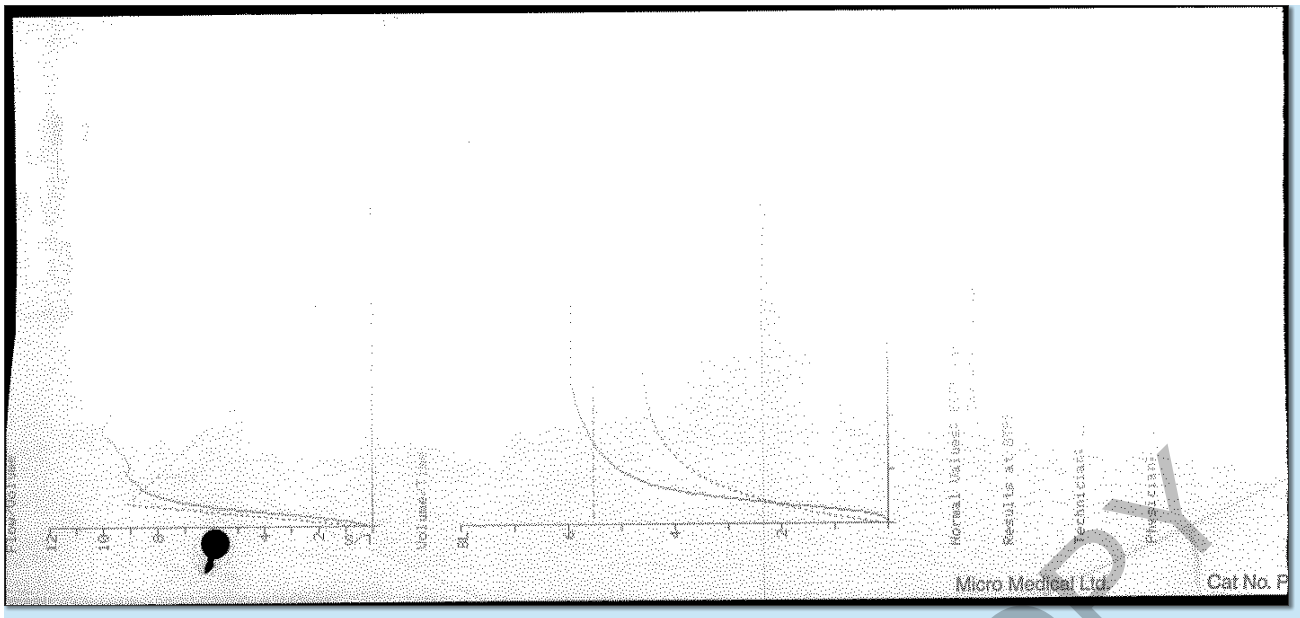

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Tayside University Hospital Trust - RADIOLOGY REPORT PAGE 1

PAS No:190558 0037 Comp No.171501 Att.No 6 Hospital: KINGWELLS HOSPITAL

Name: ROBERT BEATTIE
Address: 103 FINELLA TCE
DUNDEE
DD4 9NE

Referring Clinician: NEP Mr NE PAGE (NEUROSURG)
Ward: RNS
In/Out: Out-Patient

Request Date Attend Date 25/04/2000

ORBITS: no metallic foreign body.

This report is only valid when verified

Exam Date:25/04/2000 Date Typed 26/04/2000

THIRD PARTY COPY

Tayside University Hospital Trust - RADIOLOGY REPORT PAGE 1

CHI No:190558 0037 Comp No.171501 Att.No 5 Hospital: KINGSWELLS HOSPITAL

Name: ROBERT BEATTIE Referring Clinician: NEP Mr NE PAGE (NEUROSURG)

Address: 163 FINELLA TCE Ward: NNS

DUNDEE In/Out: Out-Patient

DD4 9NE

Request Date Attend Date 25/04/2000

MR - SPINE CERVICAL: There is slight narrowing of the left C6 nerve root exit foramen. Mild degenerative change is seen in both the C5/6 and C6/7 intervertebral discs.

This report is only valid when verified

Exam Date:25/04/2000 Date Typed 26/04/2000

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Pages:

0037

SURNAME (BLOCK LETTERS) BEATTIE — MALE

TITLE

OCCUPATION

FORENAMES (BLOCK LETTERS) ROBERT

PHONE NUMBER 866326

DATE OF BIRTH			N.H.S. NUMBER
19.5.58	SINGLE		5282 1958 729
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES ? Iva. SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 103 FINGLA TERRACE DUNDEE DD4 9NE			MONTGOMERY	
3.				
4.				
5.				

Cause of Death

(1)

(2)

Ed Rep 30

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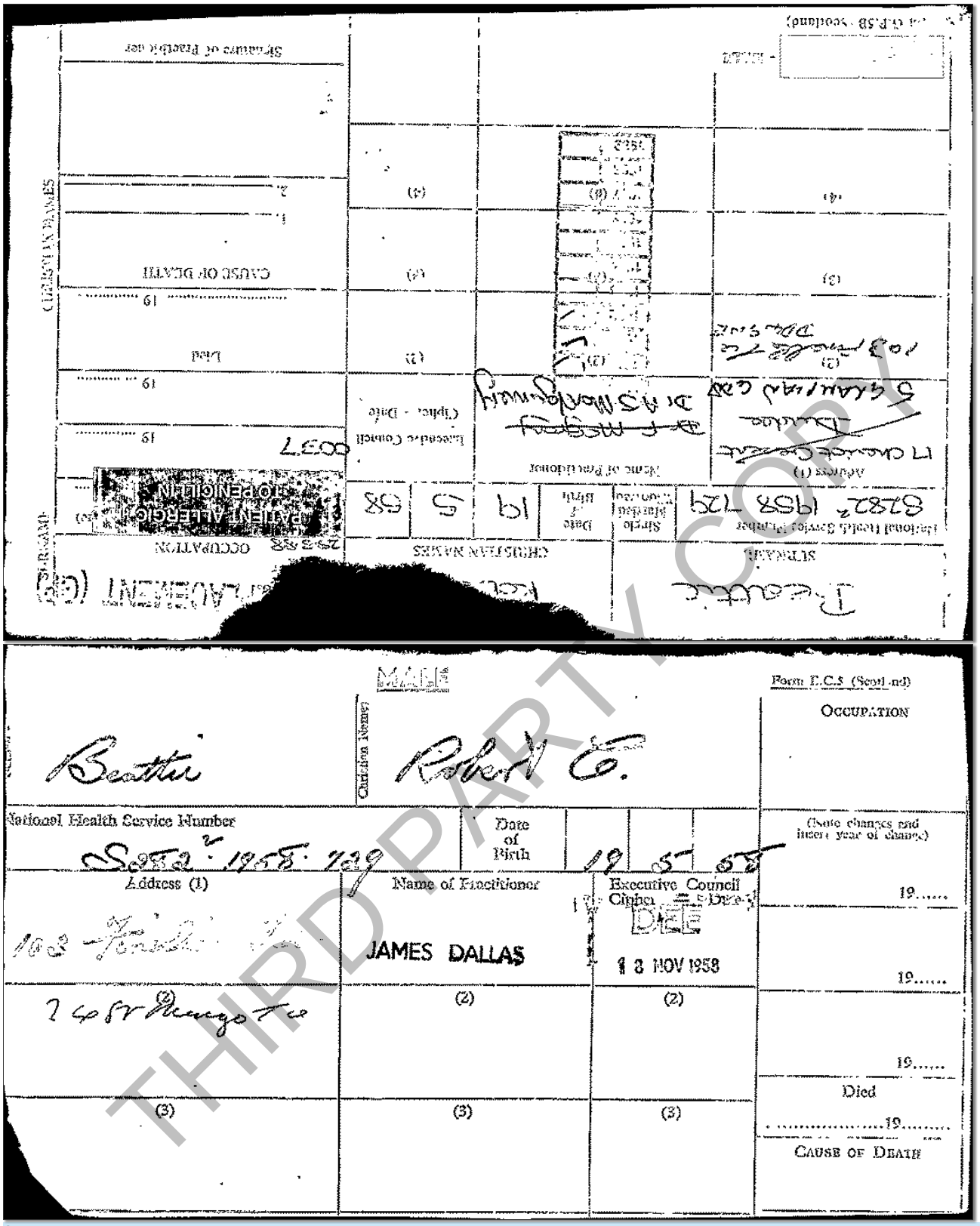

Form E.C.5 (Scotland)

OCCUPATION

Beattie

Christian Names: Robert C.

National Health Service Number: S052 1958 719

Date of Birth: 19 5 58

(State changes and insert year of change)

Address (1): 103 Forest

Name of Practitioner: JAMES DALLAS

Executive Council Cipher: DEE

Date: 18 NOV 1958

1 Forest Range Terr

(2) (2) (2)

(3) (3) (3)

19.....

19.....

19.....

Died

.....19.....

CAUSE OF DEATH

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NHS Confidential: Personal data about a patient

3. Jul. 2018 12:27 No. 6638 P. 1/2

NHS Tayside

CONFIRMATION OF CORTICOSTEROID INJECTION

Date 03/7/18

Dear Dr Gorman (Tay Coast)

Following informed consent of the patient, as per PGD the following injection using aseptic technique was administered to:

Name Robert Boattie DOB 19/05/58 0037

Address 40 Fielle Place

Dundee DD4 9HS

Diagnosis G Adhesive capsulitis

Consent received [redacted]

	Drug/Dosage	Batch No./Expiry Date
Corticosteroid	Kenalog 40mg	AAV9879 12/20
Local anaesthetic	Ultracaine 5ml	747596 11/20

Aftercare advice TO REC Warnings re pain, 4 weeks time 4/V 7/52

Yours sincerely

Physiotherapist

Location: Redcar

Contact Number: 425668

[redacted]

Tayside PGD - Title

Date Effective:
Review Date:

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NHS Confidential: Personal data about a patient

3. Jul. 2018 12:27 Page No. 6638 P. 2/2

Patient Name: Robert Beattie CHI: 1010558007S7

Working Diagnosis: L Ad cap Date: 030718

Therapist's Name: M Mc Signature: Matthew

Injection site: L gtt jaw Grade: SHP

Contra-Indications - Absolute (tick if absent)			
Joint of Systemic infections	✓	Prosthetic joint	✓
Hypersensitivity to drugs/allergies	✓	Recent trauma to affected area e.g. fracture	✓
Gout (intra articular injection)	✓		
Under 18	✓	Reluctant patient	✓
Contra-indications - Relative			
Poorly controlled Diabetes	✓	Concurrent oral steroid therapy	✓
Adjacent osteomyelitis	✓	Spinal/intrathecal injection	✓
Anticoagulant therapy	✓	Pregnancy /Breast feeding	✓
Bleeding disorders	✓	Large tendinopathies (image first)	✓
Haemarthrosis	✓	Psychogenic pain	✓
Immunosuppressed by disease e.g. AIDS/leukaemia	✓	Blood disorders e.g. HIV/AIDS	✓
		Gout (not intra articular injection)	✓

Explanation (tick if completed)		Technique (tick if completed)	
Treatment options discussed	✓	Hands washed	✓
Side effects discussed	✓	Needle changed after drawing up drugs	✓
Information leaflet given	✓	Site cleaned	✓
Written consent obtained	✓	No touch technique/sterile gloves	✓
		Aspiration check	✓
		Safe sharps disposal	✓

Patient Consent

I have [redacted] the information leaflet and discussed and understand the possible side effects of a corticosteroid and/or local anaesthetic injection

I understand that if I experience any of these side effects or am concerned about any reaction I will contact the named Physiotherapist or my GP.

I have received advice on what I should do and what I should avoid in the way of exercise and rest, and will follow these instructions.

Signature [signature]

Name (please print) Robert BEATTIE

Comments

Adverse Events (Reported on yellow form in BNF/ IR1 form) -

VAS before injection 0 —— 10

VAS after injection 0 —— 10

VAS on discharge 0 —— 10

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7. Aug. 2018 12:50 No. 7784 P. 1/1

NHS Tayside

CONFIRMATION OF CORTICOSTEROID INJECTION

Date 060818

Dear Dr Cormack / Fay Cowie

Following informed consent of the patient, as per PGD the following injection using aseptic technique was administered to:

[redacted] Roman Beattie DOB 19/05/58

Address 40 Fiella Place
Dundee DD4 9HJ

Diagnosis L Adhesive capsulitis

Consent received ✓

	Drug/Dosage	Batch No./Expiry Date
Corticosteroid	Kenalog 40mg	01/21 AAW[redacted]
Local anaesthetic	Lidocaine 1% 5ml	803502 01/21

Aftercare advice to Leaf, warnings re flare
Medication
will review 2/12

Yours sincerely

Jane Neve

Physiotherapist MSK
Location: Keiller
Contact Number: 425668

Tayside PGD - Title

Date Effective:
Review Date:

[redacted]

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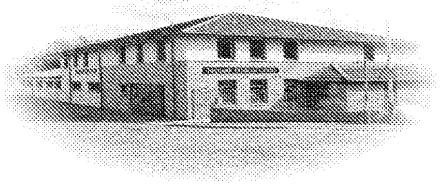
TAYBANK MEDICAL CENTRE

10 [redacted] Street
Dundee. DD4 6EL



Tel - 01382 461588
[redacted] - 01382 452121

Ref: AG/AT/1905580037

05 02 2025

Consultant [redacted] Gillespie
Pain Management Team
Ninewells Hospital
Dundee
DD1 9SY

Dear [redacted]

Re: Robert Beattie, 18 [redacted] Street, Dundee, DD4 7JG
CHI: 1905580037

Thank you for your reply to my referral for the above named patient. Apologies for the delay in this I had been liaising with the LMC and was awaiting them coming back to me. I do know that over the years there have been many discussions around this topic and exactly as you say there are some patients who are unable to complete the questionnaire for various reasons and not discriminating against them is of course very important. I also appreciate that filling out the questionnaire makes patients more engaged in the process and gives a lot of information prior to their clinic appointment and helps for prioritisation. However the information that I have received from the LMC suggests that there is an agreement not to cancel a referral due to failure to return the questionnaire which is what was agreed by Pascal Scanlan and [redacted] I did encourage the patient to complete the questionnaire and made it clear that not completing it might delay him being seen and I think I made this clear in my letters. The LMC have let me know that the Medical Directors have this on their list to discuss with Secondary Care and the Referrals Team so perhaps there will be more clarity on both sides from there.

Yours sincerely

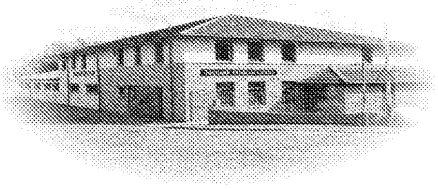
Dr A Gillan
Taybank Medical Centre

THIRD PARTY COPY

Dr R K [redacted] MBChB MRCGP | Dr W J [redacted] MBChB MRCGP | Dr S S Ali MBChB MRCGP | Dr L A Long MBChB MRCGP | Dr S M J [redacted] MBChB MRCGP | Dr A K Gillan MBChB MRCGP

TAYBANK MEDICAL CENTRE

10 [redacted] Street
Dundee. DD4 6EL



Tel - 01382 461588
[redacted] - 01382 452121

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Dr R K [redacted] MBChB MRCGP
Dr W J [redacted] MBChB MRCGP
Dr S S Ali MBChB MRCGP
Dr L A Long MBChB MRCGP
Dr S M J [redacted] MBChB MRCGP
Dr A K Gillan MBChB MRCGP

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. AJ [redacted]
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 18 Jul 2005

Dear Doctor [redacted]

Your Patient: **Robert Beattie**
103 FINELLA TCE
DUNDEE
DD4 9NE

Tel : 500602

Date of Birth: **19 May 1958**
ACHI Number: **1905580037**
A&E Attendance No: **AE-05-026054-1**
No. of Previous Attendances: **3**
Occupation/School: **unemployed**

The above patient attended the A&E department on 17 Jul 2005 at 22:57. The incident occurred at the patient's home. The complaint was **leg pain**. The patient was seen by **Susie Carswell , A+E SHO.**

Diagnosis
DVT, Pre tibial, Left

Your patient was admitted to Ward 15.

Yours sincerely

Accident & Emergency Dept

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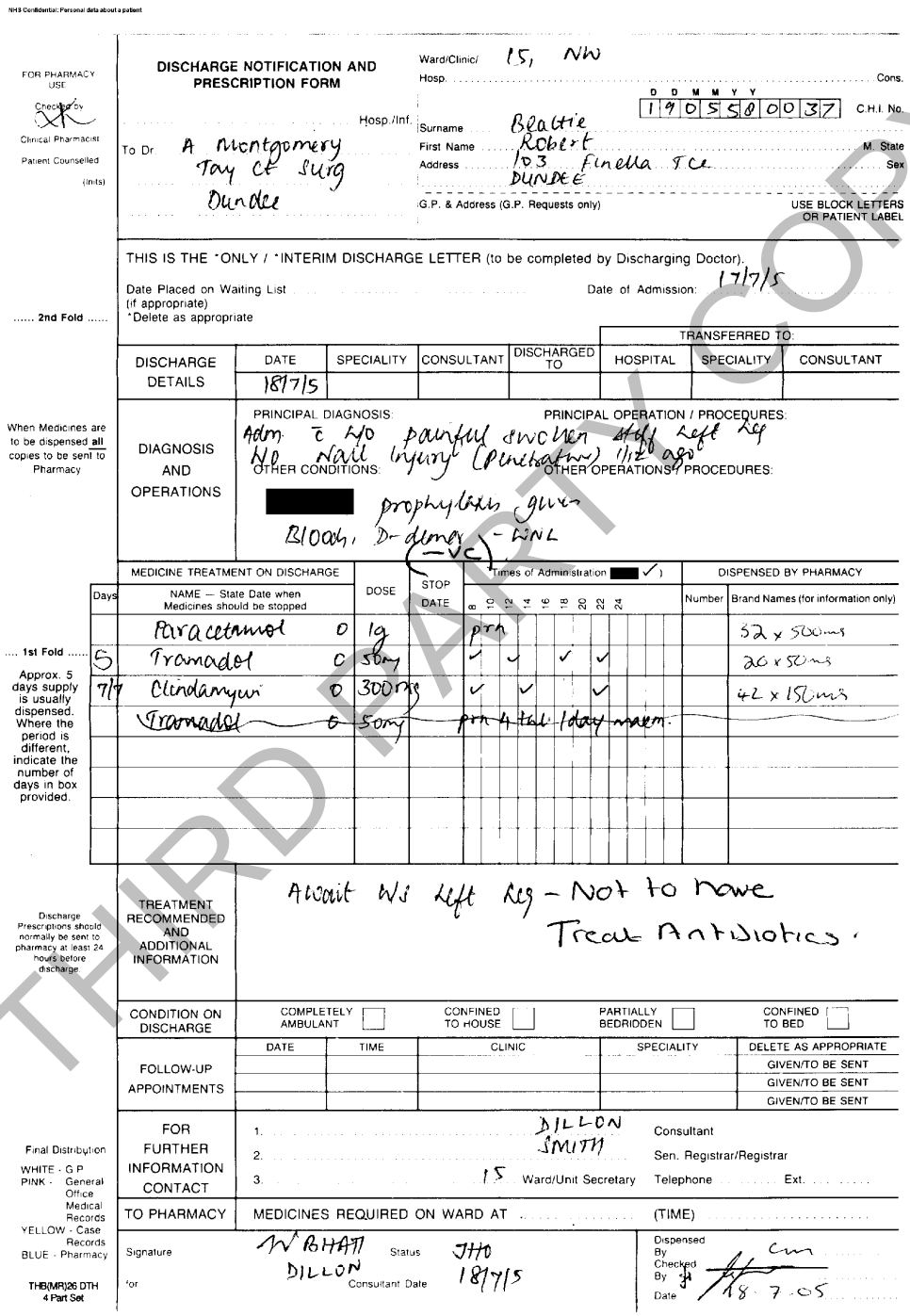

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FOR PHARMACY USE
Checked by
Clinical Pharmacist
Patient Counselled
(Initls)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Ward/Clinic/ 15, NW
Hosp. ..... Cons.

D D M M Y Y
19 05 58 00 37 C.H.I. No.

Hosp./Inf.
To Dr A Montgomery
Tay Ct Surg
Dundee

Surname Beattie
First Name Robert
Address 103 Finella Tce
DUNDEE
M. State
Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List (if appropriate)
*Delete as appropriate

Date of Admission: 17/7/5

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	18/7/5						

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Adm. c N/O painful swollen Rt/f left leg
N/O nail injury (puncture wound) 1/12 ago
PRINCIPAL OPERATION / PROCEDURES:
OTHER CONDITIONS: [redacted] prophylaxis given
Bloods, D-dimer (-VE) - LNL
OTHER OPERATIONS / PROCEDURES:

..... 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

MEDICINE TREATMENT ON DISCHARGE — Days	NAME — State Date when Medicines should be stopped		DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
	Paracetamol	O	1g		prn		32 x 500mg
5	Tramadol	O	50mg		✓ ✓ ✓ ✓		20 x 50mg
7/7	Clindamycin	O	300mg		✓ ✓ ✓		42 x 150mg
	~~Tramadol~~	~~O~~	~~50mg~~		~~prn 4 tds 1 day max.~~		

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Await W/s Left Leg - Not to have Treat Antibiotics.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. DILLON SMITH Consultant
2. Sen. Registrar/Registrar
3. 15 Ward/Unit Secretary Telephone Ext.

TO PHARMACY MEDICINES REQUIRED ON WARD AT (TIME)

Final Distribution
WHITE - G.P.
PINK - General Office
Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH
4 Part Set

Signature W BHATT DILLON Status JHO
for Consultant Date 18/7/5

Dispensed By
Checked By
Date 18.7.05

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Medicine & Cardiovascular Group
Ward 15
NHS Tayside
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 633892
Fax Number: 01382 425556
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr [redacted]
Tay Court Surgery
50 South Tay Street
DUNDEE

Date 18/07/05
Dictation 22/07/05
Our Ref HE/KJ/CHI: 190558 0037

Enquiries to Mrs. Cheryl Blain
Extension 33566
Direct Line 01382 633892

Dear Dr [redacted]

RECEIVED
23 AUG 2005

Re: Robert Beattie, 103 Finella Terrace, Dundee

Date of Admission: 18/07/05
Date of Discharge: 18/07/05
Consultant: Dr [redacted]
Diagnosis: Left leg swelling (no evidence of DVT)

Presentation: This 47 year old gentleman presented with a 4 day history of left leg pain and tenderness effecting mainly the side and the calf. This was more painful on movement. There was no history of injury. The skin overlying the side and the calf muscle was warm and erythematis. There was no previous history of DVT or PE and no family history of clotting. There is a history of right hand injury with a nail during a fight approximately 1 month ago but he did not seek medical advice and cannot remember when he last had a tetanus vaccination.

Examination: He was very distressed and complaining of severe pain in the left leg. Temp was 37.6 with the rest of his vital signs within normal ranges. Examination of the cardiovascular, respiratory and abdominal systems were normal. Neurological examination was normal and there was no signs of meningism. There was approx. 3 – 4 cm difference in the calf circumference having the left bigger than the right.

Investigations: Blood results showed normal full blood count and kidney functions. CRP was 41 and D-Dimers were negative.

Progress: He had analgesia during this admission and remained pain free that night. He did not have an ultrasound scan of the leg due to his negative D-Dimers. He was discharged home with no medical follow up.

Drugs on discharge: As on admission

Follow-up: Nil

Yours sincerely

	INIT
FILE	
REPEAT/DATE	
SCRIPT DONE	
APPOINTMENT	
NOTES	
NURSE	

Dr Hassam Elkambergy
Senior House Officer

(Dictated but not [redacted]

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. AJ [redacted]
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 20 Jul 2005

Dear Doctor [redacted]

Your Patient: **Robert Beattie**
103 FINELLA TCE
DUNDEE
DD4 9NE

Date of Birth: **19 May 1958**
ACHI Number: **1905580037**
A&E Attendance No: **AE-05-026294-1**
No. of Previous Attendances: **4**
[redacted] **unemployed**

Tel : 500602

The above patient attended the A&E department on 19 Jul 2005 at 21:44. The incident occurred at the patient's home. The complaint was **arm pain**. The patient was seen by [redacted] **A+E SHO**.

Diagnosis
Cellulitis, Upper arm, Right

Your patient was discharged.

Yours sincerely

Accident & Emergency Dept

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TAYCOURT SURGERY NURSE TRIAGE

Date 080905 **Time** 8:10 **Nurse** Catherine

Name RBT Bcmme **DOB** 190558

Address ..... **Contact No** 558602

Request **HOUSECALL** (✓) pmg Septicaemia
EMERGENCY APPOINTMENT ( ) Epilepsy
ADVICE ( )

Nurse returned call at 9.15am

TRIAGE: 1/c David (brother) Poor historian
2 days DoV ? abdo pain
taken to bed. Up only to bath.com ? drinking
Was OK. Brother found him up wretching 6hrs
morning. [redacted] 2am. Difficulty rousing brother after
phoning [redacted], but is rousable ?? confused

ADVICE: ?SOB.
No worse today than yesterday
Similar episodes in past.

Nurse Outcome:
Refer to Doctor ( )
Housecall (✓)
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Doctors Outcome:
Housecall ( )
Telephone Consult ( )

Dr Sig ..... **Nurse Sig** Mccann

Comments .....

.....

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. AJ [redacted]
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 05 Dec 2006

Dear Doctor [redacted]

Your Patient: **Robert Beattie**
103 FINELLA TCE
DUNDEE
DD4 9NE

Date of Birth: **19 May 1958**
ACHI Number: **1905580037**
A&E Attendance No: **AE-06-045907-1**
No. of Previous Attendances; **6**
[redacted] **unemployed**

Tel : 500602

The above patient attended the A&E department on 04 Dec 2006 at 14:46. The incident occurred at Public highway, street or road The complaint was **head injury**. The patient was seen by [redacted] [redacted] **A&E SpR**.

Imaging XR	Site	Side	Comment
1. X-ray,	Lumbar Spine,		AP and lateral - hit by a car. Tender over lumbar spine and left side iliac crest.

Imaging Results

Diagnosis
Head injury GCS 15,
Soft tissue injury, Lumbarsacral back, Left

Prescriptions
Codydramol, Oral, Capsule/Tablet,

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Notes for GP
Patient observed in department - alert and orientated throughout.

Yours sincerely

Accident & Emergency Dept

RECEIVED
- 6 DEC 2006

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TAYSIDE UNIVERSITY HOSPITALS TRUST - KINGS [redacted] HOSPITAL - Radiology Report Page 1 of 1

Name: **BEATTIE,Robert**
Referrer: DR S [redacted]
CRIS No: 171501

CHI: 190558 0037
Referral Src: GP - Out Patient GP
Event No: E-2369703

VERIFIED Report by: Dr [redacted] D BEGG 11/09/2006
Typed by: MARP 11/09/2006

RIGHT THUMB. 04/09/2006.

N.B.I. There is very early lipping at the margin of the interphalangeal joint on its lateral side and similarly at the first metacarpo-phalangeal joint.
There is also a slight loss of parallelism at the carpo-metacarpal joint of the thumb.

[redacted]

This report is only valid when Verified
Att No: 2 Date: 04/09/2006 Examination: THUMB - RIGHT

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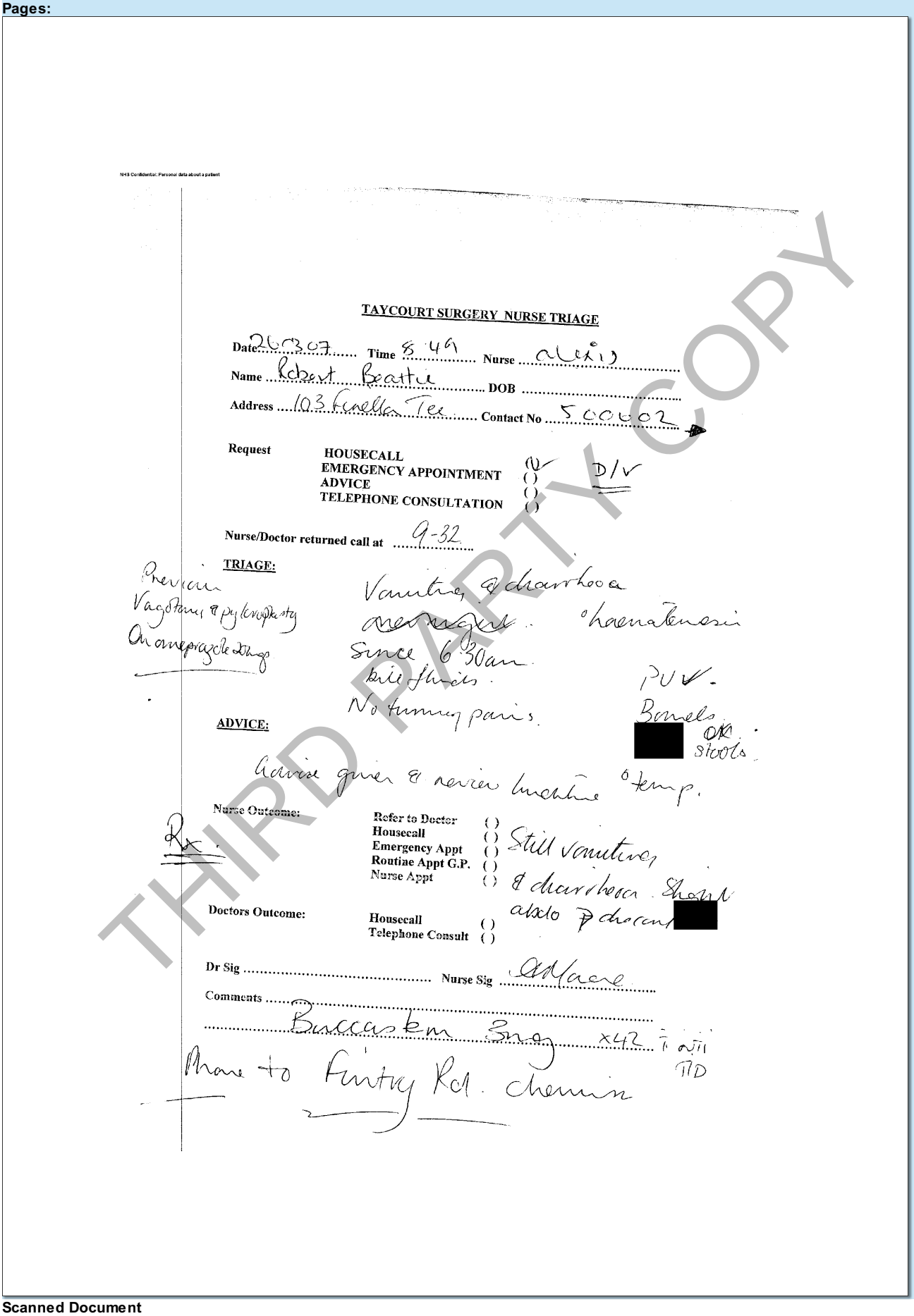

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TAYCOURT SURGERY NURSE TRIAGE

Date 26/3/07 Time 8.49 Nurse alexis

Name Robert Beattie DOB

Address 103 Fraella Tce Contact No 500602

Request
HOUSECALL ( )
EMERGENCY APPOINTMENT (✓) D/V
ADVICE ( )
TELEPHONE CONSULTATION ( )

Nurse/Doctor returned call at 9-32

TRIAGE:

Previous Vagotomy & pyeloplasty
On omeprazole 20mg

Vomiting & diarrhoea overnight ? haematemesis
Since 6.30am
brief episodes.
No tummy pains.
PU ✓
Bowels [redacted] OK stools

ADVICE:

Advice given & review machine ? temp.

Nurse Outcome:
Refer to Doctor ( )
Housecall ( )
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Still vomiting & diarrhoea. Should also ? pharyn [redacted]

Doctors Outcome:
Housecall ( )
Telephone Consult ( )

Dr Sig ..... Nurse Sig Alexis

Comments
Buccastem 3mg x42 1 tds prn
TTD
Phone to Fintry Rd. chemist

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TAYCOURT SURGERY NURSE TRIAGE

Date 210807 Time 1.25 Nurse AL(illegible)

Name Mr Beattie DOB 190558

Address ..... Contact No 07923182401

DAUGHTER LOUISE

Request
HOUSECALL ( )
EMERGENCY APPOINTMENT ( )
ADVICE (✓)
TELEPHONE CONSULTATION ( ) MOOD VERY LOW DAUGHTER CONCERNED

Nurse/Doctor returned call at 2.11pm

TRIAGE: Dad has depression / ran out of meds (has no anti-depressants, says daughter Mood flat - has not mentioned to dad what she is phoning ?? . Has not had any Zispin for 1/52 but doesn't know

ADVICE: thinks has lost) ? Rx Zispin ? lost meds (does not think he has taken them all though must discuss and find out exactly the situation and phone me back this afternoon

Nurse Outcome:
Refer to Doctor ( )
Housecall ( )
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Doctors Outcome:
Housecall ( )
Telephone Consult ( ) re: meds, phone me

Dr Sig ..... Nurse Sig .....

Comments Rx issued 3/8/07 for Zispin 15mgs (56) 1 at night for 1/52 then 2 at night

P/U from Dr Montgomery.

5.57pm. Still no contact from Mr Beattie or daughter

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I phoned back daughter, [redacted] says everything OK. Louise + her mum going to be talking to Robert in the morning, they will voice their concerns to him and contact the surgery

KO.

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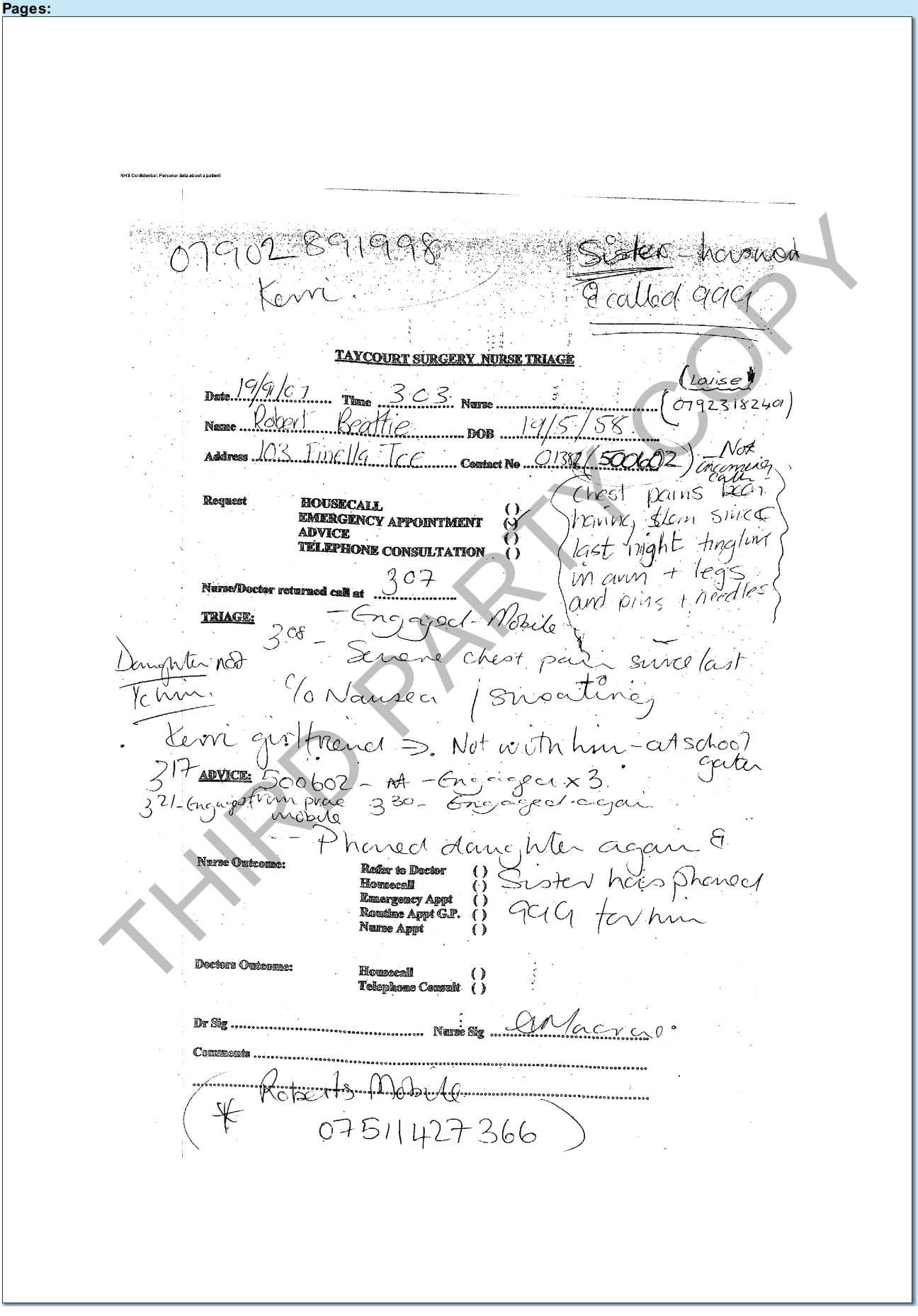

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07902 891998 Sister - has rung
Kerri. & called 999

TAYCOURT SURGERY NURSE TRIAGE

Date 19/9/07 Time 303 Nurse (Laise) (07923182401)

Name Robert Beattie DOB 19/5/58

Address 103 Finella Tce Contact No 01382 (500602) Not answering

Request
HOUSECALL ( )
EMERGENCY APPOINTMENT (✓)
ADVICE ( )
TELEPHONE CONSULTATION ( )

Chest pains back pain, stom since last night tingling in arm + legs and pins + needles

Nurse/Doctor returned call at 307

TRIAGE: 303 - Engaged - Mobile

Daughter not to him: 308 - Severe chest pain since last c/o Nausea / sweating

Kerri girlfriend ⇒ Not with him - at school gates

317 ADVICE: 500602 - ~~AA~~ - Engaged x 3.

321 - Engaged from prev mobile 330 - Engaged again

- Phoned daughter again & Sister has phoned 999 for him

Nurse Outcome:
Refer to Doctor ( )
Housecall ( )
Emergency Appt ( )
Routine Appt G.P. ( )
Nurse Appt ( )

Doctors Outcome:
Housecall ( )
Telephone Consult ( )

Dr Sig ..... Nurse Sig ..... A Macrae

Comments .....

Roberts Mobile

(* 07511427366)

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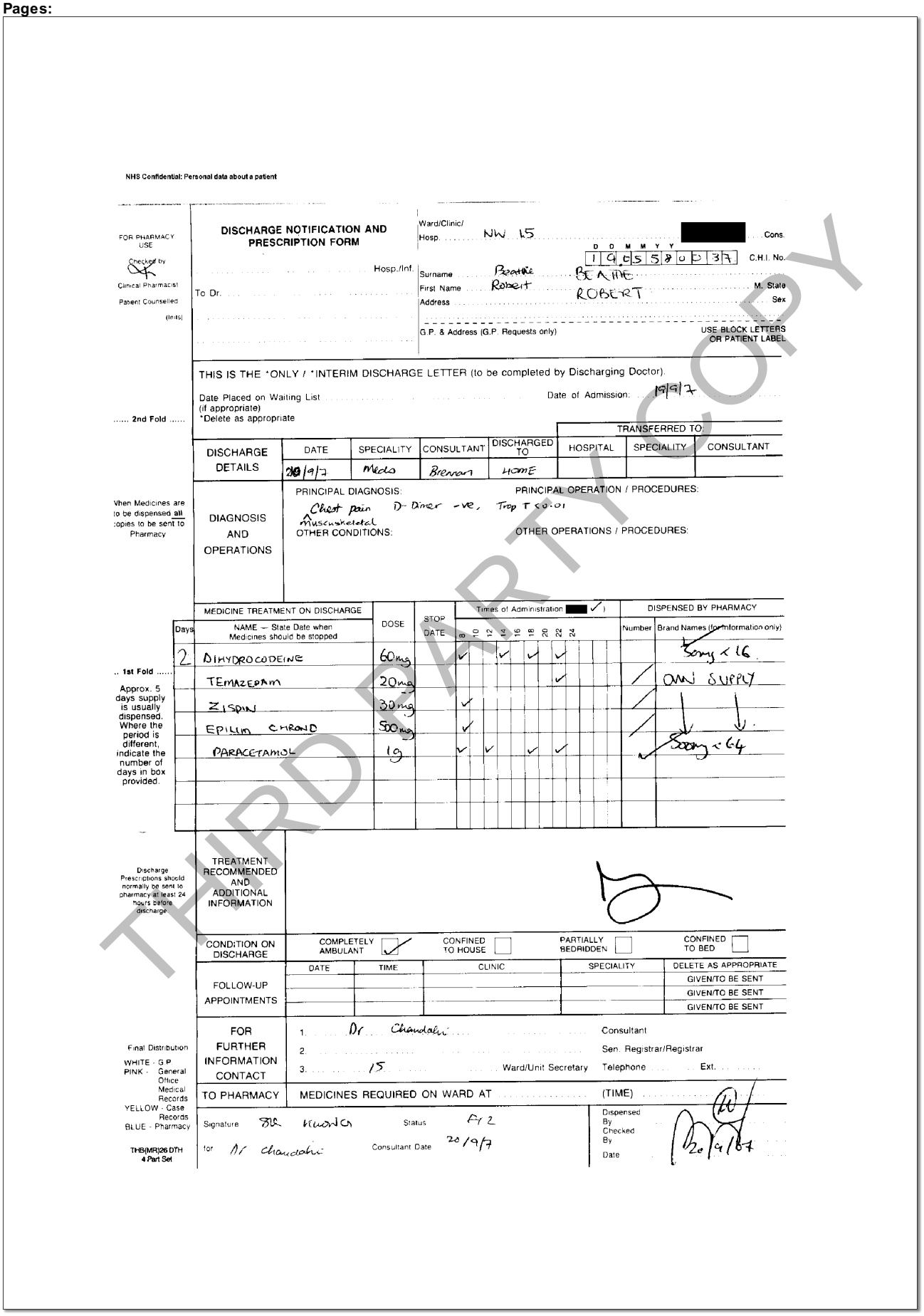

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FOR PHARMACY USE
Checked by
Clinical Pharmacist
Patient Counselled
(Initls)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.
To Dr.

Ward/Clinic/Hosp. NW 15 [redacted] Cons.
D D M M Y Y
1 9 0 5 5 8 0 3 7 C.H.I. No.
Surname Beattie BEATTIE
First Name Robert ROBERT M. State
Address Sex
G.P. & Address (G.P. Requests only)
USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List (if appropriate) *Delete as appropriate
Date of Admission: 19/9/7

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	20/9/7	Medo	Brennan	HOME			

When Medicines are to be dispensed all copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Chest pain D-Dimer -ve, Trop T <0.01 Musculoskeletal
OTHER CONDITIONS:
PRINCIPAL OPERATION / PROCEDURES:
OTHER OPERATIONS / PROCEDURES:

.. 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (8 10 12 14 16 18 20 22 24)	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
2	DIHYDROCODEINE	60mg		✓ ✓ ✓ ✓		Sony x 16
	TEMAZEPAM	20mg		✓	/	OWN SUPPLY
	ZISPIN	30mg		✓	/	↓
	EPILIM CHRONO	500mg		✓	/	↓
	PARACETAMOL	1g		✓ ✓ ✓ ✓	✓	Sony x 64

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE: COMPLETELY AMBULANT ✓ | CONFINED TO HOUSE ☐ | PARTIALLY BEDRIDDEN ☐ | CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT
1. Dr Chandaki Consultant
2. Sen. Registrar/Registrar
3. 15 Ward/Unit Secretary Telephone Ext.

TO PHARMACY: MEDICINES REQUIRED ON WARD AT (TIME)

Signature [redacted] Status Fy 2
for Dr Chandaki Consultant Date 20/9/7
Dispensed By
Checked By
Date 20/9/07

Final Distribution
WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26 DTH 4 Part Set

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TAYCOURT SURGERY TRIAGE DOCUMENT

Date 160109	Time 11.11	Receptionist Gilla
Name KIST BLATTE	DOB 190558	Cont. No 07546041144
Address	Nurse ALEX J	GP

Request	Reason
Home visit (✓)	PAIN IN (L) ARM COURSE OF DAYS
Emer/Appt ( )	FEELING SICKY TODAY NO OTHER
Advice ( )	SYMPTOMS
Results ( )	
Tel Cons ( )	

* NURSE TO CALL BACK WITH ADVICE BETWEEN AM 11–12 / PM 2–3PM

TRIAGE INFORMATION: Nurse/Doctor returned call at

Message left on answering machine offering app at 2.30 today with Dr M.

cancellation

accepted

Outcome:

Housecall	Emergency Appointment	Telephone Consultation	Routine Appointment	Nurse Appointment

Dr Sig ..... Nurse Sig ..... Call complete .....

Comments .....

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. A [redacted]
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE
DD1 1PF

Date: 02 Sep 2009

Dear Doctor [redacted]

Your Patient: **Robert Beattie**
103 FINELLA TCE
DUNDEE
DD4 9NE

Date of Birth: **19 May 1958**
ACHI Number:
A&E Attendance No: **AE-09-032670-1**
No. of Previous Attendances: 1
[redacted] **N/K**

Tel :

The above patient attended the A&E department on 30 Aug 2009 at 19:26. The incident occurred at Public highway, street or road The complaint was **INTOXICATED**. The patient was seen by [redacted] **Reddick , A&E SpR**.

Imaging XR	**Site**	**Side**	**Comment**
1. X-ray,	Chest,		AP and lateral - bilateral crepes and wheeze

Imaging Results
1. Normal

Diagnosis
Alcohol intoxication,
and walked into [redacted] Tay; cannot swim

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Notes for GP
Was walking along street, intoxicated and holding a bottle of spirits in each hand. Saw [redacted] and walked into [redacted] Tay. Unable to swim. Rescued after less than ten minutes by Lifeboat.Admitted to SSW and recovered. Advised to contact yourselves to discuss alcohol problem.

Yours sincerely

Accident & Emergency Dept

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Tayside Pain Service
South Block, Level 6

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Dr KE [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	10/10/2011
Clinic Date	07/10/2011
Your Ref	
Our Ref	PL/GS/ **1905580037**
Enquiries to	Gillian [redacted]
Extension	35612
Direct Line	01382 425612
Email	[redacted]

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee, DD4 9NE DOB: 19/05/1958

Thank you for your referral of your 53 year old patient with widespread pain problems who was seen in the Pain Clinic about a decade ago by Dr Macrae.

His main issues today were arm pains which can occur in the day and the night, it is worse on activities such as using the kettle. He finds gels and arm bandages useful. His second worse pain is back pain, he finds he needs to keep moving and he has felt that both is arm and his back pain have increased a little since a year or two ago. The third main pain he mentioned today was on the top of his head, can be tender and can be associated with headaches. His main past medical history is fits or funny turns and he can feel these coming on, he has not had any recently and he understands there has been some sensible tests with no definite results.

There is no family history of pain problems and he is an ex-smoker. Medication includes Dihydrocodeine four a day which he thinks helps a bit, Ibuprofen three a day, again he thinks these help a bit, Temazepam 40 at night, Gabapentin 300 three times a day and also Piroxicam gel and bandages. In the past he has tried Amitriptyline and would not try those again.

On examination he is well muscled and moves fairly well. There was tenderness around the shoulders and arms.

Mr Beattie believes he has fibromyalgia and has had some information about it from his [redacted] off the internet. This seems a reasonable diagnosis.

We had a general talk around the subject and I said that unfortunately there is not great evidence that medication helps this family of problems. If in the future he decided to gradually reduce something I think this would be a sensible plan. I said that he has got a good few decades ahead of him and that he should try over the next year to collect a bit more information about pain, this would be best done through the Pain Association Scotland meetings and I gave him a leaflet about the Dundee meetings today.

Mr Beattie was quite comfortable about my lack of any new suggestions. I have not arranged to see him again.

Yours sincerely
Authorised on 12/10/2011 12:22:42 by P Lacoux.

Dr Philippe Lacoux
Consultant in Anaesthesia and Pain Medicine

Working with you for better health and better care
Headquarters: Kings [redacted] Clepington Road, Dundee DD3 8EA
Chairman, Mr [redacted] OBE DL
Chief Executive, Mr Gerry Marr

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Closed Call Details

PCC:	DUNDEE								
Call Number:	0000866228	**Date:**	07/01/2012	**Time:**	17:22	**Passed:**	17:33	**Received by:**	jdsmith

Patients Present Location		**Patient Home Details (1905580037)**	
Address:	40 finella place DUNDEE DD4 9NE	**Name:**	ROBERT BEATTIE
		Address:	103 FINELLA TCE
		Town:	DUNDEE
		Postcode:	DD4 9NE
		Sex:	M
		DOB:	19/05/1958
		Age:	53 years old
		Contact:	
		Contact Phone Number:	07843418942

Registered GP Details (at time of call)	
Dr Name:	[redacted]
Practice:	TAY COURT SURGERY (11058)
Script No:	T70491

Complaint:	Paramedic call: ? chest infection						
Started:	17:20	**Status:**	Attend				
Urgency:	Within 4 Hours	**Attended:**	☑	**Date:**	07/01/2012	**Time:**	18 :13

Notes to Practice:

DR H [redacted] TEL TRIAGE: d/w paramedic call for chest pain, pleuritic and cough productive of yellow/brown sputum, no evidence cardiac features, obs satis. can make his own way down. see wallacetown ooh. Cough last 2 weeks productive of brownish sputum. Central chest pain on coughing. CHest clear, Temp 37.6C. Impression: rti - for doxycycline.

Diagnosis:

RTI

Drugs:

	Drug Name	Form	Strength	Quantity	Category
1	Doxycycline	tabs	100mg	6	Administered

Outcome:	**Death/Presume Life Extinct:**	☐	**GP to certify:**	☐	**No Further Action:**	☐	
	Refer To:	None			**Dept:**	None	
Review by GP: ☐	**When:**				**Where:**		
Patient to contact GP: ☐							

	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Consultation 1:	07/01/2012	17:20	17:25	**Consultation 2:**	08/01/2012	18:20	18:30
	Clinical group		Name		**Completion Date/Time:**	08/01/2012 20:41	
Duty Clinician:	Duncee		Dr D [redacted]		**Closed By:**	dshaw	

Last Modified by PCEC: 08/01/2012 20:42

PRINTED:09/01/2012 TayCare

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Acknowledge an NHS24 call

PCC:	DUNDEE			**FOR PRACTICE**		NHS 24
NHS No:	11118006	**Call Received:**	07/01/2012 16:53	**Received by:**	(Non-clinical user) (Glasgow)	
Outcome:	999 contacted. For information only			**Outcome Code:**	EMGI	
		Consultation Start:	07/01/2012 17:01	**Consultation Finish:**	07/01/2012 17:01	

Patients Present Location

Address: 40 Finella Place, Dundee, DD4 9HJ

Phone: 07835 438427 Ext:

Registered GP Details (at time of call)

Dr Name: [redacted]

Practice: TAY COURT SURGERY

Patient Home Details (1905580037)

Name: ROBERT BEATTIE

Address: 40 Finella Place, Dundee, DD4 9HJ

Phone:

Sex: M

DOB: 19/05/1958

Age: 53 Years

Contact:

Clinical Summary: IN AND OUT OF CONCIOUSNESS FOR NOW AND PATIENT HAS PREVIOUS TIA AT SAME TIME AS TONSILITIS. TODAY SORE THROAT AND LOOKING LIFELESS AND IN AND OUT OF CONCIOUSS. THIRD PARTY CALL. AS PER TL [redacted] I PHONED PATIENT TEL AND WENT STRAIGHT TO VOICEMAIL. AS PER TL [redacted] EMERGENCY RESPONSE REQUESTED FROM SAS ADN [redacted] TRANSFERED TO SAS CONTROL. 999 AMB

Condition: UNCONCIOUS - NOW SEE A/V

Call Number: 0000866217 **Received by TayCare:** 07/01/2012 17:04

PRINTED:09/01/2012 TayCare

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Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C132223029

Tay Court Surgery Clinician: Dr K. MACDONALD TCS DONK1G

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	4.4	mmol/L	(3.5-5.3)	
UREA	4.7	mmol/L	(2.5-7.8)	
CREATININE	82	umol/L	(62-106)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	21	U/L	(5-55)	
BILIRUBINS	13	umol/L	(0-21)	
ALKALINE PHOSPHATASE	92	U/L	(30-130)	
ALBUMIN	37	g/L	(35-50)	
GLUCOSE (preserved tube)	5.4	mmol/L	(3.3-5.8)	
TSH	0.38 <	mU/L	(0.4-4.0)	
TOTAL CHOLESTEROL	3.65	mmol/L	(0.00-5.00)	
HDL-CHOLESTEROL	1.16	mmol/L	(0.80-2.50)	
TOTAL CHOL/HDL-CHOL	3.10			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 May 2013 05:56

Clin.Details: chol check

Request Entered: 29 May 2013 12:00 Report Printed: 29 May 2013 13:33

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Oral and Maxillofacial Surgery

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425593
01382 425703
www.nhstayside.scot.nhs.uk

Dr KE [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	19/05/2014
Clinic Date	24/04/2014
Your Ref	
Our Ref	KW/ESF/ **1905580037**
Enquiries to	E S Findlay
Extension	35593
Direct Line	01382 425593
Email	e.findlay@nhs.net

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee, DD4 9NE DOB: 19/05/1958

The above named patient was today reviewed in the Oral and Maxillofacial Surgery Department following a course of five hyaluronic acid injections to his left temporomandibular joint.

I am pleased to report that he feels that his symptoms have improved since this course, however he does still have episodes of pain during function.

I explained to him that it can take up to 3 months for the full effects to be seen. I have therefore arranged to review him again in one month's time. If things continue to improve we may then consider further treatment to the right temporomandibular joint. We will write to you again following this.

Yours sincerely

Authorised on 20/05/2014 10:09:59 by .

Dr K [redacted]
Specialty Doctor
Oral and Maxillofacial Surgery

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Oral and Maxillofacial Surgery

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425593
01382 425703
www.nhstayside.scot.nhs.uk

Dr KE [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	20/06/2014
Clinic Date	15/05/2014
Your Ref	
Our Ref	KW/ESF/ **1905580037**
Enquiries to	E S Findlay
Extension	35593
Direct Line	01382 425593
Email	e.findlay@nhs.net

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee, DD4 9NE DOB: 19/05/1958

The above named patient was seen today approximately 3 months following his last hyaluronic acid injection to his left temporomandibular joint.

He reports today that his symptoms of pain from the joint have improved slightly but he does still have daily pain on function from the joint. As you will be aware from the CT scan he does have severe degenerative changes in the joint, however we are hesitant in proceeding with this surgery due to the possible risks to his facial nerve.

We have discussed with Mr Beattie today three further injections of hyaluronic acid with added steroid and he is keen to proceed with this. We have therefore booked him in for this and will write to you again following this procedure.

Yours sincerely

Authorised on 24/06/2014 11:47:38 by .

Dr K [redacted]
Specialty Doctor
Oral and Maxillofacial Surgery

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Oral and Maxillofacial Surgery

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425593
01382 425703
www.nhstayside.scot.nhs.uk

Dr KE [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	28/08/2014
Clinic Date	07/08/2014
Your Ref	
Our Ref	PM/ESF/ **1905580037**
Enquiries to	E S Findlay
Extension	35593
Direct Line	01382 425593
Email	e.findlay@nhs.net

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee, DD4 9NE DOB: 19/05/1958

Robert Beattie has now had three further injections into his left temporomandibular joint of hyaluronic acid and Adcortyl. We will review him in 2 months' time.

Yours sincerely

Authorised on 05/09/2014 16:45:55 by P McLoughlin.

Mr. [redacted] McLoughlin BDS MBBS FDS FRCS
Consultant in Oral Maxillofacial Surgery

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Oral and Maxillofacial Surgery

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425593
01382 425703
www.nhstayside.scot.nhs.uk

Dr KE [redacted]
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	09/12/2014
Clinic Date	04/12/2014
Your Ref	
Our Ref	KW / VL/ **1905580037**
Enquiries to	Vickie Low
Extension	35593
Direct Line	01382 425593
Email	vickie.mcfarlane@nhs.net

Dear Dr [redacted]

Robert Beattie, 103 Finella Tce, Dundee, DD4 9NE DOB: 19/05/1958

The above named patient failed to attend to the Oral & Maxillofacial Outpatient Department on 9th October, 2014 and 4th December, 2014. Therefore no further appointments will be sent out, unless requested by yourself.

Yours sincerely

Authorised on 09/12/2014 11:32:37 by .

Dr K [redacted]
Specialty Doctor
Oral and Maxillofacial Surgery

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electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	1905580037
Name	BEATTIE, ROBERT
Date Of Birth	19/ 05/ 1958
Registered GP	T7049
Practice Code	T11058

Report Date	**31 Aug 2015**
Letter ID	**910184218656**
Exclusion Reason	**Non-Responder**
Report Comments	**No response to bowel cancer screening programme invitation (9Ow2.)**
Invitation Date	**02 Jun 2015**

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electronic Notification of Bowel Screening Results Service

New BOSS Report

CHI Number	1905580037
Name	BEATTIE, ROBERT
Date Of Birth	19/ 05/ 1958
Registered GP	T7049
Practice Code	T11058

Report Date	**31 Aug 2017**
Letter ID	**310244625694**
Exclusion Reason	**Non-Responder**
Report Comments	**No response to bowel cancer screening programme invitation (9Ow2.)**
Invitation Date	**02 Jun 2017**

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NHS Tayside

Emergency Department Ninewells Hospital

KE [redacted]
11058/1,Tay Court Surgery
50 South Tay Street, Dundee
Dundee
DD1 1PF

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr Robert Beattie
40 Finella Place
Dundee
DD4 9HJ

Date of Birth: 19/05/1958
ACHI Number: 1905580037
ED Attendance Number: E0000030893
No. of Previous Attendances: 0
Occupation:
[redacted]
Responsible Consultant:Dr [redacted]

The above patient attended the Emergency Department Ninewells Hospital on 25/11/2017 at 08:07 and was discharged with no follow up on 25/11/2017 at 08:51. The letter was compiled by [redacted]

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound -Laceration		

Diagnosis Comments: MInor wound on penis at frenulum, bleeding from this. ?removed a piece of suture from circumcision many years ago. not inflamed, reassured and discharged home.

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
[redacted]

Created on 25/11/2017 08:51 by [redacted] Version 1 Page 1 of 1

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

Address
103 Finella Tce Dundee DD4 9NE Address Type: Main address

Communication numbers
Email	toyotasurfone@yahoo.co.uk
Telephone - home	01382 294486
Mobile phone	07592259954

Problems
Anxiousness	Started: 19/07/2018	Ended:
Gastritis unspecified	Started: 14/09/2017	Ended:
Accidental wound NOS	Started: 28/11/2016	Ended:
Temporomandibular joint disorders	Started: 24/01/2014	Ended:
Had a fit	Started: 04/09/2013	Ended:
Self-referral	Started: 04/09/2013	Ended:
Depressed mood	Started: 08/03/2013	Ended:
Overdose of drug	Started: 03/09/2009	Ended:
Impotence	Started: 25/01/2008	Ended:
C/O - insomnia	Started: 02/10/2007	Ended:
[D]Musculoskeletal chest pain	Started: 26/09/2007	Ended:
Currently Relevant	Started: 22/05/2007	Ended:
Notes summary on computer	Started: 19/01/2007	Ended:
Self-referral to hospital	Started: 07/12/2006	Ended:
Corneal ulcer	Started: 25/11/2006	Ended:
Notes summary on computer	Started: 26/10/2005	Ended:
Cellulitis NOS	Started: 19/07/2005	Ended:
Leg swelling	Started: 18/07/2005	Ended:
Self-referral to hospital	Started: 17/07/2005	Ended:
Self-referral to hospital	Started: 07/11/2004	Ended:
[D]General weakness	Started: 13/10/2004	Ended:
O/E - ataxia	Started: 11/10/2004	Ended:
Collapse - symptom	Started: 01/01/2004	Ended:
Plain X-ray spine normal	Started: 31/12/2003	Ended:
Self-referral to hospital	Started: 31/12/2003	Ended:
Scabies	Started: 13/05/2002	Ended:
Head injury	Started: 26/04/2002	Ended:
Lateral epicondylitis - elbow	Started: 13/03/1998	Ended:
Upper GI endoscopy	Started: 08/06/1995	Ended:
Teetotaller	Started: 24/03/1993	Ended:
Moderate smoker - 10-19 cigs/d	Started: 24/03/1993	Ended:
Corneal abrasion	Started: 03/03/1993	Ended:
Oesophagitis	Started: 18/07/1992	Ended:
Reversal of vasectomy - unspec	Started: 03/08/1988	Ended:
Closed fracture zygoma	Started: 13/12/1987	Ended:
Upper GI endoscopy	Started: 21/07/1987	Ended:
ERCP	Started: 12/06/1986	Ended:
Bilat vasectomy -contraception	Started: 24/04/1986	Ended:
Upper GI endoscopy	Started: 02/04/1986	Ended:
#Orbit NOS - closed	Started: 04/08/1984	Ended:
Diagn fibreoptic gastroscopy	Started: 22/11/1983	Ended:
Vagotomy & pyloroplasty	Started: 29/06/1983	Ended:
Upper GI endoscopy	Started: 21/06/1983	Ended:
Exploratory laparotomy	Started: 20/05/1982	Ended:
Pleuritic pain	Started: 10/04/1982	Ended:
Emergency appendicectomy	Started: 01/01/1977	Ended:

Medical History
18/10/2018 Consultation had noticed a swelling at rt 8th costal cartilage medially for past few weeks but which has got more painful in past week - 3 x 5 cm soft mobile swelling which is smooth not fixed to superficial or deep structures - ? lipoma - refer for usshas now moved outwith boundary and will register with new practuice Dr [redacted] Paton
14/09/2018 Consultation req med 3- under universal credit, not worked for years. issues with frozen shoulder ongoing - sees physio. epilepsy says sometimes misses odd tablet, can sometimes feel seizure come on- but says no recent fits. not driving, says dvla aware, sometimes drives friends car- advised shouldnt do this- understands this. given further line today, lives alone, speaks to family. refused examination of shoulder today Dr Andrea Flatt
19/07/2018 Consultation feels anger issues better with propranolol - continue with this and add to repeat list Dr [redacted] Paton
19/07/2018 Anxiousness Dr [redacted] Paton
22/06/2018 Consultation feels anger management issues better than previously with proipranolol - continue with this and review in 1/12also needs med3 for jobcentre as getting transferred to universal credit - review in 1/12 Dr [redacted] Paton
22/06/2018 Drug changed to cost effective alternative Alzain switched back to generic pregabalin as now more cost effective Ms Mardou Mclaren
31/05/2018 Consultation still has anger manangement issues - little benefit from propranolol at present - increase to 2 tablets 3 times dailyalso asking if alzain can be taken off fortnightly dispense - agree to tis and monitor Dr [redacted] Paton
18/05/2018 Consultation concerned as has anger management issues and feels he is going to explode a lot of the time at the least little thing - still taking citalopram - continue with this and discussed adding in propranolol - patient happy wioth this and for review in 2/52 to assess effect Dr [redacted] Paton

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

10/05/2018 Seen in GP's surgery needing diazepam to help with sleep, advised this was to help reduce spasm in shoulder but is not for sleep, advised instead to take dihydrocodeine 2 tablets at night before bed this should help with sleep as well, continue ibuprofen and pregabalin Dr [redacted] Sanu
20/04/2018 Drug changed to cost effective alternative NHST has taken decision to switch pregabalin to Alzain brand as more cost effective. MM Ms Mardou Mclaren
13/04/2018 Consultation had been in RTA 2 weeks ago - hit from side by vehicle - wearing seatbelt - still has sore left side neck - full neck movement no abnormal neurology reassured - for addition of diazepam to reduce muscle spasm Dr [redacted] Paton
11/04/2018 Did not attend - no reason Dr [redacted]
29/03/2018 Consultation 60 y/o Caucasian male w. PMH of alcohol abuse and CA presents w. several episodes of faintness. O/EBP seated 120/80 standing 80/60 (Orthostatic hypotension criteria fulfilled)P98 Regular, N volume, N CharacterS1+S2+0Plan1. Bloods + ECG (Dr Paton arranged for Tuesday 11:30am)D. Kuster Dr Gp Student
24/03/2018 Self-referral to accident and emergency department self referral to Ninewells Hospital
23/03/2018 [SO]Soft tissue ED injury - soft tissue - other soft tissue injuryPatient restrained driver in RTC 36 hours ago, worseneing left sided neck pain since. No c.spine tenderness. Full range of movement in neck. Discharged home and advised to take simple analgesia.Discharged with no follow up. Dr [redacted]
13/02/2018 O/E - shoulder joint abnormal Left shoulder still very sore with reduced rom- xray suggests prob with roataor cuff- will refer to orthoAlso cough for 3 daysAfebrile and chest clear,obs stable and not acutely unwell- advice and wsg Dr [redacted] Cormack
26/01/2018 Consultation Slipped and fell on wet kitchen floor about 3 weeks ago and landed on left side. Persistent pain radiating from left shoulder down to the elbow since. Regular analgesia as per repeats not making much difference. o/e Very tender to press around left shoulder. Jumping as soon as I touch but I suspect not so much bony tenderness and more soft tissues surrounding the shoulder that are tender. Very restricted ROM of shoulder. No bony tenderness of left elbow and no ^ pain on rotating from the wrist. NV intact. PL - xray shoulder although I have explained that I think most likely soft tissue injury +/- developing frozen shoulder and if xray nad, encouraged to do regular pendulum exercises. Cont normal analgesia, RV inb. To call next week for result xray. Dr Catriona [redacted]
27/11/2017 Consultation sore area at remnants of frenulum after circumcision - apears as slight ulceration - for fucidin cream Dr [redacted] Paton
25/11/2017 Laceration ED injury - wound - lacerationMinor wound on penis at frenulum, bleeding from this. ? removed a piece of suture from circumcision many years ago. Not inflammed - reassured and discharged home.Discharged with no follow up Dr [redacted]
25/11/2017 Self-referral to accident and emergency department self referral to Ninewells Hospital
18/09/2017 Keep well programme Added by Keep Well Team Dr C Locum
01/09/2017 Advice given about bowel cancer screening programme Reminder letter sent to non-responder Mr [redacted]
01/09/2017 Declined consent for short message service text messaging SMS Decline code entered as patient has not explicited consented. Mr [redacted]
31/08/2017 No response to bowel cancer screening programme invitation Dr [redacted]
18/08/2017 Admit surgical emergency unsp. Admitted to General Surgery - Ninewells via GP for 'RUQ and epigastric pain'
18/08/2017 Gastritis unspecified General Surgery - Ninewells
17/08/2017 Emergency hospital admission 6 day hx right sided upper abdominal pain, worse on lying down and on deep inspiration. No hx cough or SOB but breathing shallow due to pain. No fever. Eating as normal and denies vomiting. Has been on ETOH binge last 2 weeks since death of a friend: 20 pints/day. Bowels fine. No calf pain or swelling. No exertional pain on walking.o/e T 36.9 HR 92 RR 16 Satn 97% Abdo: several laparotomy scars noted (as per PMHx attached), tender ++ RUQ and less so epigastric region, BS normal. Liver feels enlarged. No rebound tenderness/rigidity. imp = ? pancreatitis / ?? billiary colic. Thank you for your further assessment. Dr Catriona [redacted]
17/08/2017 Consultation Temp 36.9, pulse 97, sats 96, RR 24.5 day history of right sided pleuritic chest pain which cam eon suddenly. Breathing quickley and shallow intakes of breathe however does not report to be breathless on exertion. Pain is not made worse be movement. The pain gets better for a small period of time and then worse again. 8/10. The patient is clammy and in clear pain. No cough, no palpitations, vomited, no change in bowel motions. Abdomen is large scar from previous ulcer problems and pancreatitis. Liver seems enlarge and tender on palpation. Chest clear no crackles in the bases. Percussion normal.Heavy drinker, friend recentlly passed away about been drinking 20 beers per night for the past 2 weeks. Has not had any problems eating and does not have reduced appetite. Dr [redacted]
17/07/2017 Administration NOS call from Ramsays Pharmacy. They are querying a script from 11/07/17 for Pregabalin (not marked as dispense fortnightly) as they already have issued the repeat one from 05/07/17. I have advised that we have NOT issued any scripts for this pt on 11/07/17. Ramsays will check this on their system as it shows an issue but they do not seem to have the physical script itself. Mr [redacted]
11/08/2016 Consultation not happy that not getting any further tubigrip sleeping tablets and reduced quantitiy of dihydrocodeine - expressed in no uncertain terms that not happy wioth surgery - advised that can change surgery iof not satisfied with service provided Dr [redacted] Paton
18/07/2016 Referred by pharmacist concurrent and long term ibuprofen tablets and ibuprofen gel not advised. Suggest we stop tablets if possible, no gastroprotection prescribed. >50 yrs therefore increased risk of bleed, consider PPI Miss [redacted]
04/07/2016 Accidental wound NOS frontal, mid-line, intoxicated. Dr [redacted]
04/07/2016 Self-referral to accident and emergency department a/e - ninewells - wound, frontal, mid-line, intoxicated. Dr [redacted]
15/06/2016 Referral to pharmacist Large amounts of support bandages ordered, is he needing a review or further treatment? Have asked him to make app with nurse for review and removed from repeats. Miss [redacted]
10/03/2016 Mouth symptoms feels dry and sore when eating for the past week, o/e tongue bald, treat for thrush, review if not getting betteralso erectile dysfunction, family h/o diabetes, for bloods and review therafter Dr [redacted] Sanu
28/01/2016 DNA hospital appointment Nurse Led Epilepsy Clinic, Neurology - Ninewells
19/01/2016 Keep well programme Added by Keep Well Team Mr S System Supervisor
27/11/2015 Cough for apst few days not settling throat red tm both red +++ coarse creps in all zones for amoxhas run out of citalopram - contniue citalopram 40mg daily and reveiw in 1/12 Dr [redacted] Paton
25/09/2015 Consultation discomfort at left ac joint after a piece of [redacted] fell and ? hit shoulder - full range of shoulder movement reassured tender left ac joint - for stop ibuprofen and add in arthrotecflees mood down at present can be reclusive - for increase in citlaopram to 40mg and reveiw in 1/12, asking for sleeping tablets - declined Dr [redacted] Paton

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

23/09/2015 Did not attend - no reason Dr [redacted] Paton
23/09/2015 Advice given about bowel cancer screening programme Reminder letter sent to Non-responder Mr [redacted]
14/09/2015 Did not attend - no reason Dr B Locum
31/08/2015 No response to bowel cancer screening programme invitation Dr [redacted]
01/06/2015 Patient in local study Piroxicam gel switched to Ibuprofen 5% gel as per NHS Tayside Medicines Management Efficiency advice. Mr [redacted] Batey
07/05/2015 Telephone triage encounter Spoke with Mr Beattie - he had put in for special request for pregabalin for pain but had actually written gabapentin. Discussed - he does find this hhelpful and would like to be on this regularly for pain. Explained will add to repeat - force reauthorise and fortnightly dispense intially given previous history. Dr [redacted]
06/03/2015 Medication requested Came in looking for sleeping tablets - had been on temazepam for 35 years apparently - then stopped. Last issued 10/12 ago - been buying them off the street /internet since. Feel as he has done so well until now should try to continue off them. He uses tubigrip for arm pain over piroxicam and finds this helps. Discussed pregabalin - advised he should have 3/12 extra at home - he is not sure and blames Drs for not checking scripts issued. Advised he has a supply to last him till June. Dr [redacted]
05/03/2015 Prescription by GP special request for re-authorise of tubigrip. Why is he getting this on repeat? See [redacted] comments regarding switch to comfigrip. Also he is OVER ORDERING PREGABALIN - HE HAS HAD 8 WEEKS SUPPLY EVERY THREE WEEKS SINCE NOVEMBER. Dr [redacted]
20/01/2015 Did not attend - no reason Dr [redacted]
01/10/2014 DNA hospital appointment - patient cancelled apoitnment at very short notice. One further appointment will be offered Miss [redacted] Quinn
15/08/2014 Keep well programme Added by the Keep Well Team Dr B Locum
03/07/2014 Consultation discomfort at rt upper humerus after being hit by car door 2/52 ago - still sore no swelling no bruising full range of normal shoulder movement no biony tenderness reassured for continuation of current meds Dr [redacted] Paton
05/06/2014 Medication requested pregabalin working well for OA/fibromyalgia/TMJ dysfunction. Continue on this dose and r/v 2/12. Aksed for repeats - advised I will give on this occasion but Robert can request these himself. If stable on pregabalin can be added to repeats. He uses tubigrip on arms for support as it helps with fibromyalgia Sx. Dr [redacted]
19/05/2014 Consultation feels better and pain better controlled with pregabalin - for increase to 75 mg pregabalin and review in 1/12 Dr [redacted] Paton
07/05/2014 Consultation feels gabapentin not working - keen to move to pregabalin - script issued - for trial and reveiw in 2/52 Dr [redacted] Paton
15/04/2014 Administration NOS [redacted] M has added Tubigrip to Forced Reauthorise repeat as he has been getting this on acute every month for over 3 years with no indication as to what it is required for. Mr [redacted]
11/04/2014 Consultation still undergoing tm joint injections - continue with current meds Dr [redacted] Paton
14/03/2014 Consultation doing well at present still under care of dentists for TM joint problems, house may be repossessed due to mortgage [ayment issues - by [redacted] - poor sleep pattern at present - try zopiclone but knows this is for short term use only Dr [redacted] Paton
17/02/2014 Cough with green sputum for apst few days - sweaty and shivery at times throat red coarse creps mild wheeze in all zones for amoxrepeat script issued Dr [redacted] Paton
23/01/2014 Consultation script issued - currently getting hyaluronic acid injections for TM joints Dr [redacted] Paton
16/01/2014 Temporomandibular joint disorders severe degenerative changes to the left joint Dr [redacted]
23/12/2013 Consultation stable not asking for temazepamswelling of hands on wakening - but rapidly resolves - no swelling present on examining today full range of hand movement reassured for observation review if any concerns Dr [redacted] Paton
26/11/2013 Consultation attended for repeat script, did not ask for temazepam this attendence Dr [redacted] Paton
25/10/2013 Consultation not happy that temazepam is being weaned down - for half tablet at night for 4/52 then stop Dr [redacted] Paton
20/09/2013 Consultation continue with current meds - advsied will stop temazepam in 1/12 as not for long term use Dr [redacted] Paton
21/08/2013 Consultation pain in left tm joint since last epileptic seizure - full jaw movemnet - refer to Max Faxstill has seizures despite on antiepileptics - ref to epilepsy clinicdiscussed temazepam - continue 10mg and rveiew in 1/12 then stop Dr [redacted] Paton
12/08/2013 Seen in GP's surgery Had collapse/?seizure 2/52 and says has ahd a painful jaw since - asking for analgesia - suggested ibuprofen and paracetamol but he was not pleased with this at all. He told me he was not going to come to see me again. Dr [redacted]
28/07/2013 Self-referral Ninewells. Epileptic fit Dr [redacted]
26/07/2013 Had a fit epileptic fit Dr [redacted]
23/07/2013 Consultation - have decreased his temazepam to 10mg nocte - he is not all that chuffed about it. Explained that he should aim to come off them completely eventually. Dr Margaretha Badenhorst
25/06/2013 Medication requested Started consultation saying it is ok for Drs to keep patients waiting but not vice versa. Also never gets good Rx at this practice Repeat meds issued - went over old story of temazepam and reduction and got shown his scars form alleged [redacted] beating Dr [redacted]
25/06/2013 Patient too late patient arrived 14 minutes late for this app - he thought it was for 09.10. Has made anpother app for Thursday this week - CARD GIVEN Mrs Gillian Will
29/05/2013 Seen in GP's surgery I have given him a monthly script for temazepam. He complains of lower dose but he has now been on this for last 3 months and no signs of withdrawal?he was actually taking. See 1/12. For BP check and bloods in meantime. Dr [redacted]
22/05/2013 Did not attend - no reason Dr [redacted]
01/05/2013 Seen in GP's surgery He mobilised independently to consultation room. Discussed his use of temazepam and how we have taken it off repeat for now. He seemed ok with this at time. Discussed his recent DLA has been removed and I explained that our report suggested that he had not been to surgery so we were unsure of his current capabilities. He tells me he has had absences but no prolonged seizures. He stated clearly that he does not drive and reminded him that he should not be driving. Needs to be seen for his scripts from now. Appt 3/52. Dr [redacted]
26/04/2013 Medication review done by medicines management technician Miss Jill [redacted]
17/04/2013 Keep well programme Added by Keep Well Team Dr Locum Nurse

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

21/03/2013 Patient in local study TUBIGRIP- has had a tubigrip every month since 2009. Query indication. Is on acute. Please review before next issue. I see in docman there is a special request for the gabapentin which notes he is to have an appointment before next rx so perhaps could be reviewed together. Note also formulary choice is comfigrip rather than tubigrip. Mrs [redacted]
08/03/2013 Depressed mood Dr Margaretha Badenhorst
07/03/2013 Consultation - has had nasty cough with pleuritic pain for 3 days. O/E had quite loud inspr stridor when he came into the room but this settled after a few minutes. No seizures for over a year.O/E Scattered ronchi both lungfields. T36.6C SATS 97%. ? Chest infection with pleuritic pain. Dr Margaretha Badenhorst
07/03/2013 Telephone triage encounter Cough - no phleg. Feels as if he has broken ribs. Appt Dr Margaretha Badenhorst
19/02/2013 Administration NOS DWP Report Dr [redacted]
10/01/2013 Cervicalgia - pain in neck Known OA - multiple neck injuries from seizures and fibromyalgia - advice re heat and cold packs and exercises from nhsinform. Dr [redacted]
10/01/2013 Sebaceous cyst - wen on scalp - slow growing for a few months - catches when combing haor and painful. O.E mildly raised 10p sized seb cyst - soft and no worrying features. Advice - may remove if causing problems. Dr [redacted]
03/08/2012 Consultation attends for medication review. Currently also on gabapentin & ibuprofen for pain. Feels these are effective, would like more. Both issued & epilepsy review done. Dr [redacted]
06/07/2012 Administration - Letter to patient regarding DNAs Mrs [redacted]
06/07/2012 Did not attend - no reason Dr Margaretha Badenhorst
11/06/2012 Did not attend - no reason Dr [redacted]
11/05/2012 Keep well programme Added by Keep well team Dr C Locum
15/02/2012 Did not attend - no reason Dr [redacted]
14/02/2012 Administration - Letter to Brooksbank Centre Mrs [redacted]
02/02/2012 Consultation feels his head is 'agony'. Discussed, to try uptitration of gaba as cannot source lidocaine. Dr [redacted]
19/01/2012 Consultation he has a very sensitive ?scar on scalp, try local anaesthetic gel and fexofenadine for itch. Also his chest is still bad. Note states allergic to penicillin. Dr [redacted]
08/12/2011 Consultation mood still the same poor sleep pattern increase citalopram to 20mg and review in 4/522 cm dia area on scalp still tender but less boggy no evidence of infection, imp probably resolving haematoma and advised this will take time to settle Dr [redacted] Paton
24/11/2011 Consultation 2 cm dia soft cellulitic area on scalp after hitting head on door frame recently - skin feels boggy as though infection - for diclofenac and erythrofeels mood dipping at present poor sleep pattern no siuicidal thoughts discussed for citalopram 10mg daily and review in 2/52 Dr [redacted] Paton
13/10/2011 Headache Has one specifically tender area on the L parietal [redacted] for several weeks. No Hx of trauma but is getting sloely worse. Very painful to touch. Head otherwise normal. Patient indicates a small area, 1cm dia, on his L paroetal area. No swelling or bruising and skin appears normal. Tender ++. Discussed - ? underlying boney problem? refer for skull x-ray Dr C Locum
28/07/2011 Consultation ext of his ins line given for 8 weeks from today for his ongoing problems with fibromyalgia,his current line runs out on the 31st of july.(dr.bala pillai-locum) Dr A Locum
17/06/2011 Consultation pain posterior to lt ear for past few days not settling, no discharge from ear no dizziness, o/e well throat red tm both red and bulging lymphadenopathy in ant triangle of neck, soft swelling over lt mmastoid process - appears as small lymph node reassured for erythromycin and review if not settling Dr [redacted] Paton
07/06/2011 Seen in GP's surgery med3 from 6th 8 weeks epilepsy and myalgia. pt requesting refreal to pain clinic. pt putting on a show of pain this afternoon. Dr A [redacted]
17/05/2011 Seen in GP's surgery pt very vague about last fit. when informed that he can't drive if fit in last 12 months he thought it was longer than that. stressed the importance of this as he has been driving and recently charged with dangerous driving and assault. was in perth. now out and asking for med3 from 11th april- epilepsy and myalgia. 8 weeks. Dr A [redacted]
20/04/2011 Consultation attended 4 mins into appt, acroiliac pain rt side for past 3/52 not setting, no abnormal neurology reported, good range of back movement tender at rt si joint, reassured for diclofenac and review if not settling, advised posture and seating arrangements Dr [redacted] Paton
06/04/2011 Administration NOS Revd call from [redacted] @ Perth Prison re: form for this pt. Adv thast form had been passed onto GP Mr [redacted]
05/04/2011 Administration form re medicatiom for mh prisons Dr A [redacted]
06/10/2010 Did not attend - no reason Mrs [redacted]
29/09/2010 Dressing of wound Toe - states much improvement - continue dry dressings and review monday or earlier if required. Continues on antibiotics. Mrs [redacted]
27/09/2010 Application of dressing infected toe following trauma, x-ray - NAD. pus under nail and oozing. A/B and review 2/7 Mrs [redacted] Macrae
17/08/2010 Seen in GP's surgery aching muscles at night. ? fibromyalgia. epilepsy fine but gets twitched if forgets to take tabs. Dr A [redacted]
24/05/2010 Patient reviewed neck pain on the right side since 3 days, been tidying uop [redacted] house before symptoms, started, not like usual fibromyalgia according to pt, no neurological symptoms associated with same, FROM neck with pain, probable sprain, advice given regarding antiinflammatories, heat/ice, rest etc, r/v if not settling in 2 weesk to consider physio.Dr ART Dr A Locum
24/05/2010 Telephone triage encounter severe pain back of neck into head for last 3/7. No 'red flags'. Dr [redacted]
13/01/2010 Seen in GP's surgery [redacted] recently died. all bloods were normal. I'm sure has fibromyalgia type syndrome. sore and tender points sacral area and upper back/shoulders. also a little depressed. add gabapentum and ? refer pain clinic if not improving. ? accupunture with dr H? Dr A [redacted]
13/01/2010 Excepted from epilepsy quality indicators: Patient unsuitabl is fit free but only has them when forgets to take R. Dr A [redacted]
07/12/2009 Did not attend - no reason Dr A [redacted]
30/11/2009 Seen in GP's surgery complaining of genaeralised upper girdle myalgia. get bloods. [redacted] has cancer and lost a lot of weight. going for chemo before surgery. pt not sure of primary. Dr A [redacted]
14/10/2009 Telephone encounter to [redacted] criminal [redacted] who faxed pt consent to us. advised not seen by me suince jan. very complicated and atypical. however as was able to recently run away from the [redacted] and enter Tay is probably fit for light duties two days a wek community servce. Dr A [redacted]

Taycourt Surgery, 50 South Tay Street, Dundee, DD1 1PF
Tel: 01382 228228
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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

09/09/2009 Seen in GP's surgery Had some trauma to his hands last week - tells me he was arrested during an episode of ?acute confusion - denies any memory of the event. There are some circular marks around the hands which might represent abrasion marks or bruising left by handcuffs. Since then he has noticed diminished sensation in his thumbs. O/E vascularly intact and power/tone normal. Advised the numbness will completely resolve over the coming weeks. Dr B Hollins
03/09/2009 Overdose of drug DHC - required naloxone Dr B Hollins
16/01/2009 Seen in GP's surgery left neck/shoulder/arm pain and some chest radiation too. no rash. add to analgesia and refer physio. Dr A [redacted]
16/12/2008 Administration NOS Request for Repeats. Early order due to holiday period Mr [redacted]
24/10/2008 Patient encounter admin. data early order going on holiday allowed on this occasion. Miss Jill [redacted]
30/07/2008 Well adult monitor.verbal inv. when in surgery Mrs [redacted] Macrae
30/07/2008 Consultation still has a bit of ankle oedema despite stopping NSAIDs. To start on small dose of frusemide and bloods today. Dr Margaretha Badenhorst
01/07/2008 Seen in GP's surgery stop NSAI and se if ankle oedema goes. review 10-14/7. if not do biochem and trial diuretic.. keep well. Dr A [redacted]
17/06/2008 MED5 - doctor's special stat. from 28/03/08 to date and med3 8/52 fibromyalgia and epiconylitis and ataxia. Dr A [redacted]
15/05/2008 Consultation - aches and pains from fibromyalgia. Also wants repeat script - policy explained. Dr Margaretha Badenhorst
13/05/2008 Well adult monitor.1st letter Mrs [redacted] Cheghall
22/02/2008 Seen in GP's surgery needeing privatescript. hasapmnt gellatly street soon. Dr A [redacted]
25/01/2008 Impotence Dr A [redacted]
25/01/2008 Seen in GP's surgery left sided pleuritic chest pains. chest clear , as says has sputem cover ab and get cxr. Dr A [redacted]
27/12/2007 Chest infection NOS with productive cough. (L)UL signs. Dr [redacted]
30/11/2007 Seen in GP's surgery court case was dropped. now has sinusitis. Dr A [redacted]
12/11/2007 Letter encounter to patient - To Whom it May Concern Dr A [redacted]
09/10/2007 Well adult monitor.admin.NOS Keep well patient Mrs [redacted] Cheghall
02/10/2007 Seen in GP's surgery in nw laST wk. note good bloodsesp choil. Dr A [redacted]
26/09/2007 [D]Musculoskeletal chest pain Mrs [redacted] Christie
29/08/2007 Had a chat to patient letter written to whom re HADS scores. Dr [redacted]
14/08/2007 HADS - Hospital anxiety and depression scale A19 D20 Dr A [redacted]
08/08/2007 HADS - Hospital anxiety and depression scale A19 D20 Mrs [redacted] Macrae
03/08/2007 Seen in GP's surgery been depressed. indicent with [redacted] last week when drunk. has had some suicidal ideation. saystook od last w/e of 4 tabs.sick next few days but fine noew. do hads form and change R to zispin. Dr A [redacted]
03/07/2007 Seen in GP's surgery getting episodic lft lower ant chest colicy pains. chest clear and abdo soft and non tender. unlike prior du/pancreatic pains. ruq ok too. try buscopan but reviewif not improving or alarm signs etc Dr A [redacted]
10/05/2007 Seen in GP's surgery away for 3 weeks in caravanette. still hascourt in june and early july. Dr A [redacted]
17/04/2007 Seen in GP's surgery much better now. goes to court on friday. back bad again and physio not till mid May. try nsai. Dr A [redacted]
03/04/2007 Telephone encounter on soul and conciencse note saying that on todays findings i do not expect him to be fit for court on 4/04/07 Dr A [redacted]
03/04/2007 Home visit on pen v. still hat and sweating. t 36.6. tonsil speech. difficult to view throat due to position lying. p 72. bp 100/70. has court tomorrow. change to clarythro and add nsai. Dr A [redacted]
26/03/2007 Patient encounter data NOS spoke with triage nurse. he has D+V today. no abdo pain Dr B Hollins
12/03/2007 Seen in GP's surgery refer to physio as back from car hitting in dec sore. given copies hosp notes for physio. rpt script. Dr A [redacted]
12/03/2007 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Physiotherapy : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr A [redacted]
14/02/2007 Seen in GP's surgery bloods - u/e,lft,amylase - contact if nec Mrs [redacted] Cheghall
14/02/2007 Seen in GP's surgery he states he has been getting 'melting' pain in epigastric/retrosternal area, comes on at rest, no sob lasts 15-20 mins.? oesophageal or pancreatic. Dr [redacted]
19/01/2007 Notes summary on computer Dr Staff Unknown Member Of Staff
17/01/2007 Seen in GP's surgery still getting headaches every day. and lower back pain esp over left si joints. aslo been sprayed cs gas with [redacted] and [redacted] as accused of breaking car windows by person who tried to run him down. whole thing sounds a mess. pt stressed by it all. also d escribes bruising on lower leg.? tracked from above-- now resolved. Dr A [redacted]
29/12/2006 Seen in GP's surgery Final suture removed - wound healed very well. Mrs [redacted]
13/12/2006 Seen in GP's surgery Ros x 2 removed from head wound, remaining sutures ? 2 more stuck fast in glue/scab. To review on Monday. Mrs [redacted]
13/12/2006 Seen in GP's surgery Going away for 2/52 RTecent RTA - struck deliberately by carDru=iver charged with attempted murder Script given, dated 20/12 therefore next script not due until 18/01 Private script for Viagra 100mg x8 (repeat x2) Dr C Flavahan
07/12/2006 Self-referral to hospital a/e ninewells, post concussion syndrome Dr A [redacted]
25/11/2006 Corneal ulcer see docman Mrs [redacted] Christie
22/11/2006 Seen in GP's surgery spoke again about the mild OA in his right thumb.He asked for his dihydrocodeine prescription to be changed to monthly dispensing. refused and explained we have a strict policy on this that is not negotiable. Dr B Hollins
25/10/2006 Seen in GP's surgery still getting a lot of thumb pain and swelling - advised natural history of oa.Note on ranitidine and pantop - he says needed for severe reflux. Dr [redacted]
26/09/2006 Seen in GP's surgery early oa thumb/hand Dr A [redacted]
31/08/2006 Seen in GP's surgery (R) thumb injury - dominant hand - loss of function, swewlling and decreased RoM - for xr.Also (R) groin pain - intermittent, severe, ? related to previous vasectomy. Dr [redacted]
04/08/2006 Seen in GP's surgery been assaulted by [redacted] swelling rt thumb and sore but no clinical # and scrsatch lft forearm. also advice on 3/52 old sub cut haematoma lft shun. Dr A [redacted]

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

07/07/2006 Seen in GP's surgery ears moist in the morningsO/E normal ears. I noted after he had left mistake with repeat scripts, DHC not on disp weekly. changed for next time Dr B Hollins
12/06/2006 Seen in GP's surgery had bad turn on sunday a week ago. neurologists never really got a diagnosis on him. i do wonder if he has a form of epilpsy. increase valporate dose. Dr A [redacted]
18/05/2006 Seen in GP's surgery catarrahly cough. sees roseangle on monday. Dr A [redacted]
21/04/2006 Seen in GP's surgery discussed fms - he has info from internet re magnesium treatments, advised nothing suitable on NHS as MgOH likely to cause diarrhoea. Dr [redacted]
27/03/2006 Seen in GP's surgery muscles sore in arms and legs even to light touch.Likely fibromyalgia syndrome. Dr [redacted]
06/03/2006 Patient encounter data NOS D.N.A. copd assessment. Mrs [redacted]
28/02/2006 Notes summary on computer Dr Staff Unknown Member Of Staff
27/02/2006 Seen in GP's surgery vanished from waiting room! reaapeared 20 mins later,. missed copd assessment-to rebook. getting problems with back and trigger points on arms etc.spends alot of time sleeping.sore stiff wrists and taps painful to turn. Dr A [redacted]
06/02/2006 Patient encounter data NOS D.N.A. copd assessment. Mrs [redacted]
26/01/2006 Seen in GP's surgery rpt script. some resp symptoms . ex smoker and rough a/e. for copd assess. trial inhaler meantime. Dr A [redacted]
29/12/2005 Seen in GP's surgery antiboitic for rti. rpt scriprt and private script sildenafil Dr A [redacted]
01/12/2005 Seen in GP's surgery repeat medication and private script sildenafil 100mg x 8 Dr B Hollins
26/10/2005 Notes summary on computer Dr Staff Unknown Member Of Staff
06/10/2005 Seen in GP's surgery rpt R + privte sidenafil 100mg 8tabs Dr A [redacted]
08/09/2005 Home visit abdo pain and diarrhoea for 2 days.last stool 3am.soft dark brown.tired,drowsy,sweaty.P80.BP 110/65.abdo soft slight generalised tenderness.active BS.diagnosis viral advice. Dr C Flavahan
19/07/2005 Cellulitis NOS right upper arm Dr Staff Unknown Member Of Staff
18/07/2005 Leg swelling Dr Staff Unknown Member Of Staff
17/07/2005 Self-referral to hospital a/e ninewells DVT,pre tib left - admit wd15 Dr Staff Unknown Member Of Staff
07/11/2004 Self-referral to hospital a/e ninewells soft tissue injury right face Dr Staff Unknown Member Of Staff
13/10/2004 [D]General weakness Dr Staff Unknown Member Of Staff
11/10/2004 O/E - ataxia Weakness, ataxia and blackouts Dr Staff Unknown Member Of Staff
20/01/2004 Seen in GP's surgery if anything is sharper than last week. odserve while await cns op appt. Dr A [redacted]
12/01/2004 Seen in GP's surgery in view of a/e sheet ? fit anf FH to start epilim and review and chase up cns appt. Dr A [redacted]
01/01/2004 Collapse - symptom seizure??? Dr Staff Unknown Member Of Staff
31/12/2003 Self-referral to hospital a/e ninewells collapse/head injury Dr Staff Unknown Member Of Staff
21/08/2003 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Neurology : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown Member Of Staff
12/08/2003 Seen in GP's surgery refer nw for amnesia and fatigue. Dr A [redacted]
13/05/2002 Scabies Dr Staff Unknown Member Of Staff
26/04/2002 Self-referral to hospital A/E Ninewells - Dr Staff Unknown Member Of Staff
26/04/2002 Head injury Dr Staff Unknown Member Of Staff
10/12/2001 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Dermatology : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown Member Of Staff
19/07/2001 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=X-Ray Noncontrast : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr A [redacted]
13/04/2001 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Orthopaedic Surgery : REFERRAL_TO=NHS : REFERRAL_NATURE=Investigate : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown Member Of Staff
02/04/2001 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Genito-Urinary Medicine : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : REFERRED_BY=Dr A J [redacted] : ATTENDANCE_TYPE=1st Visit Dr A [redacted]
18/08/2000 GP8I - sent to Health Board Dr A [redacted]
07/07/2000 Night Visit ddocs - base - 00.15 Dr Staff Unknown Member Of Staff
24/01/2000 [V]Repeat prescription issue Dr A [redacted]
18/01/2000 Patient encounter data NOS next script not due till 11.02.00 Dr A [redacted]
05/07/1999 Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS Dr Staff Unknown Member Of Staff

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

24/06/1999	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
23/03/1999	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
15/09/1998	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
05/06/1998	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
13/03/1998	Lateral epicondylitis - elbow bilateral	Dr Staff Unknown Member Of Staff
08/05/1997	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
12/11/1995	Out of Hours Visits 11.40	Dr Staff Unknown Member Of Staff
19/02/1995	Referral for further care SPECIALITY=A+E : REFERRAL_TO=NHS	Dr Staff Unknown Member Of Staff
03/03/1993	Corneal abrasion right eye	Dr Staff Unknown Member Of Staff
18/07/1992	Oesophagitis and gastritis	Dr Staff Unknown Member Of Staff
31/03/1991	Pat. GP7B/GP8B card from HB	Dr Staff Unknown Member Of Staff
03/08/1988	Reversal of vasectomy - unspec	Dr Staff Unknown Member Of Staff
13/12/1987	Closed fracture zygoma right	Dr Staff Unknown Member Of Staff
12/06/1986	ERCP	Dr Staff Unknown Member Of Staff
24/04/1986	Bilat vasectomy -contraception	Dr Staff Unknown Member Of Staff
04/08/1984	#Orbit NOS - closed # infra-irbital margin	Dr Staff Unknown Member Of Staff
29/06/1983	Vagotomy & pyloroplasty proximal gastric vagotomy	Dr Staff Unknown Member Of Staff
20/05/1982	Exploratory laparotomy	Dr Staff Unknown Member Of Staff
10/04/1982	Pleuritic pain	Dr Staff Unknown Member Of Staff
01/01/1977	Emergency appendicectomy	Dr Staff Unknown Member Of Staff

Acute and Repeat Issue Therapy

14/09/2018	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
14/09/2018	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
14/09/2018	9 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
14/09/2018	4 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly
14/09/2018	3 issued	Propranolol 10mg tablets	Supply: (168) tablet	2 TABLETS 3 TIMES DAILY
14/09/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
14/09/2018	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
27/08/2018	8 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
27/08/2018	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
27/08/2018	3 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly
27/08/2018	2 issued	Propranolol 10mg tablets	Supply: (168) tablet	2 TABLETS 3 TIMES DAILY
27/08/2018	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
27/08/2018	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
30/07/2018	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
30/07/2018	7 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
30/07/2018	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
30/07/2018	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
30/07/2018	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
30/07/2018	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly

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30/07/2018	1 issued	Propranolol 10mg tablets	Supply: (168) tablet	2 TABLETS 3 TIMES DAILY
19/07/2018	issued	Propranolol 10mg tablets	Supply: (168) tablet	2 TABLET 3 TIMES DAILY
02/07/2018	6 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
02/07/2018	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
02/07/2018	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
02/07/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
02/07/2018	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
02/07/2018	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly
22/06/2018	issued	Propranolol 10mg tablets	Supply: (168) tablet	2 TABLET 3 TIMES DAILY
06/06/2018	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
06/06/2018	5 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
06/06/2018	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
06/06/2018	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
06/06/2018	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
06/06/2018	1 issued	Alzain 25mg capsules (Dr [redacted] Laboratories (UK) Ltd)	Supply: (56) capsule	TAKE 1 TWICE A DAY (PREGABALIN) Instalments: dispense fortnightly Notes for dispenser: Please inform patients, including those that do not collect their prescriptions in person, that Alzain is pregabalin. Notes for patient: NHS Tayside has decided to use Alzain brand of pregabalin. This is to make sure patients get the best treatment with the best value to the NHS. As a result your Pregabalin 25mg twice a day has been changed to Alzain 25mg twice a day
31/05/2018	issued	Propranolol 10mg tablets	Supply: (84) tablet	2 TABLET 3 TIMES DAILY
18/05/2018	issued	Propranolol 10mg tablets	Supply: (42) tablet	1 TABLET 3 TIMES DAILY
10/05/2018	4 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
10/05/2018	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
10/05/2018	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
10/05/2018	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
10/05/2018	1 issued	Alzain 25mg capsules (Dr [redacted] Laboratories (UK) Ltd)	Supply: (56) capsule	TAKE 1 TWICE A DAY (PREGABALIN) Instalments: dispense fortnightly Notes for dispenser: Please inform patients, including those that do not collect their prescriptions in person, that Alzain is pregabalin. Notes for patient: NHS Tayside has decided to use Alzain brand of pregabalin. This is to make sure patients get the best treatment with the best value to the NHS. As a result your Pregabalin 25mg twice a day has been changed to Alzain 25mg twice a day
10/05/2018	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
13/04/2018	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly Notes for dispenser: For pain
13/04/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
13/04/2018	3 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
13/04/2018	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
13/04/2018	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
13/04/2018	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
13/04/2018	issued	Diazepam 2mg tablets	Supply: (28) tablet	1 TABLET 4 TIMES DAILY
23/03/2018	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
23/03/2018	2 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
23/03/2018	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly Notes for dispenser: For pain
23/03/2018	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
23/03/2018	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
23/03/2018	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
27/02/2018	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY Instalments: dispense fortnightly Notes for dispenser: For pain
27/02/2018	1 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
27/02/2018	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
27/02/2018	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
27/02/2018	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
27/02/2018	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
22/01/2018	12 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
22/01/2018	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
22/01/2018	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED

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22/01/2018	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
22/01/2018	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
22/01/2018	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
20/12/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
20/12/2017	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
20/12/2017	11 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
20/12/2017	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
20/12/2017	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
20/12/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
27/11/2017	issued	Fusidic acid 2% cream	Supply: (15) gram	APPLY 3 TO 4 TIMES
DAILY				
24/11/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
24/11/2017	10 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
24/11/2017	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
24/11/2017	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
24/11/2017	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
24/11/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
24/10/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
23/10/2017	9 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
23/10/2017	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
23/10/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
23/10/2017	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
23/10/2017	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
22/09/2017	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
22/09/2017	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
22/09/2017	8 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
22/09/2017	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
22/09/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
22/09/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
30/08/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
30/08/2017	7 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
30/08/2017	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
30/08/2017	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
30/08/2017	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
30/08/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
01/08/2017	6 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
01/08/2017	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
01/08/2017	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
01/08/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
01/08/2017	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
01/08/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
05/07/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
05/07/2017	5 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
05/07/2017	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
05/07/2017	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
05/07/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
05/07/2017	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
12/06/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
12/06/2017	4 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
12/06/2017	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY

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12/06/2017	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
12/06/2017	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
12/06/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
12/05/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
11/05/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
11/05/2017	3 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
11/05/2017	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
11/05/2017	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
11/05/2017	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
04/04/2017	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
04/04/2017	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
04/04/2017	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
04/04/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
04/04/2017	2 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
04/04/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
07/03/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
06/03/2017	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
06/03/2017	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
06/03/2017	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
06/03/2017	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
06/03/2017	1 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
06/02/2017	12 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
06/02/2017	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
06/02/2017	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
06/02/2017	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
06/02/2017	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
12/01/2017	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
12/01/2017	11 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
12/01/2017	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
12/01/2017	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
12/01/2017	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
12/01/2017	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
19/12/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
19/12/2016	10 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
19/12/2016	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
19/12/2016	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
19/12/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
29/11/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
28/11/2016	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
28/11/2016	9 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
28/11/2016	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
28/11/2016	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
28/11/2016	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
31/10/2016	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
31/10/2016	8 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
31/10/2016	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
31/10/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY

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31/10/2016	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
31/10/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
05/10/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
05/10/2016	7 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
05/10/2016	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
05/10/2016	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
05/10/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
05/10/2016	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
05/09/2016	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
05/09/2016	6 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
05/09/2016	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
05/09/2016	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
05/09/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
11/08/2016	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
11/08/2016	5 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
11/08/2016	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
11/08/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
11/08/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
11/08/2016	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
11/07/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
11/07/2016	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
11/07/2016	4 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
11/07/2016	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
11/07/2016	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
11/07/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
15/06/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
14/06/2016	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
14/06/2016	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
14/06/2016	3 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
14/06/2016	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
14/06/2016	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
19/05/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
19/05/2016	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
19/05/2016	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
19/05/2016	2 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
19/05/2016	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
19/05/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
19/05/2016	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
22/04/2016	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
22/04/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
22/04/2016	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
22/04/2016	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
22/04/2016	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
22/04/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
22/04/2016	1 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
01/04/2016	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
01/04/2016	12 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
01/04/2016	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
01/04/2016	3 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY

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01/04/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
01/04/2016	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
10/03/2016	issued	Nystan 100,000units/ml oral suspension (ready mixed) [redacted] Squibb Pharmaceuticals Ltd)	Supply: (30) ml	1ML FOUR TIMES DAILY
03/03/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
03/03/2016	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
02/03/2016	11 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
02/03/2016	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
02/03/2016	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
02/03/2016	2 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
02/03/2016	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
12/02/2016	1 issued	Dihydrocodeine 30mg tablets	Supply: (112) tablet	TWO TWICE DAILY
11/02/2016	10 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
11/02/2016	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
11/02/2016	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
11/02/2016	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
11/02/2016	3 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
11/02/2016	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
17/01/2016	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
15/01/2016	9 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
15/01/2016	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/01/2016	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
15/01/2016	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
15/01/2016	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
15/01/2016	2 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
15/12/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
15/12/2015	1 issued	Citalopram 40mg tablets	Supply: (56) tablet	1 TABLET DAILY
15/12/2015	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
15/12/2015	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
15/12/2015	8 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
15/12/2015	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/12/2015	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
27/11/2015	issued	Citalopram 40mg tablets	Supply: (28) tablet	1 TABLET DAILY
27/11/2015	issued	Amoxicillin 500mg capsules	Supply: (15) capsule	ONE CAPSULE THREE TIMES A DAY
17/11/2015	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
17/11/2015	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
17/11/2015	7 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
17/11/2015	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
17/11/2015	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
17/11/2015	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
21/10/2015	issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (60) tablet	1 TABLET THREE TIMES DAILY
21/10/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
21/10/2015	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
21/10/2015	6 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A DAY TO THE AFFECTED AREA(S)
21/10/2015	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
21/10/2015	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
21/10/2015	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
21/10/2015	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
25/09/2015	issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
25/09/2015	issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (60) tablet	1 TABLET THREE TIMES DAILY

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22/09/2015	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
22/09/2015	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
22/09/2015	5 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
22/09/2015	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
22/09/2015	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
22/09/2015	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
22/09/2015	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
27/08/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
27/08/2015	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
27/08/2015	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
27/08/2015	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
27/08/2015	4 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
27/08/2015	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
27/08/2015	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
30/07/2015	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
30/07/2015	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
30/07/2015	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
30/07/2015	3 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
30/07/2015	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
30/07/2015	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
30/07/2015	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
09/07/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
08/07/2015	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
08/07/2015	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
08/07/2015	2 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
08/07/2015	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
08/07/2015	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
08/07/2015	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
11/06/2015	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
11/06/2015	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
11/06/2015	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
11/06/2015	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
11/06/2015	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
11/06/2015	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
11/06/2015	1 issued	Ibuprofen 5% gel	Supply: (100) gram	APPLY THREE TIMES A
DAY TO THE AFFECTED AREA(S)				
18/05/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
18/05/2015	2 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
18/05/2015	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
18/05/2015	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
18/05/2015	5 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
18/05/2015	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
18/05/2015	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
12/05/2015	1 issued	Pregabalin 75mg capsules	Supply: (56) capsule	TAKE 1 TWICE A DAY
Instalments: dispense fortnightly Notes for dispenser: For pain				
23/04/2015	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
23/04/2015	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
23/04/2015	4 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
23/04/2015	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
23/04/2015	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
31/03/2015	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
31/03/2015	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
31/03/2015	3 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
31/03/2015	2 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
31/03/2015	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY

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31/03/2015	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
06/03/2015	issued	Scheriproct suppositories (Bayer Plc)	Supply: (12) suppository	INSERT ONE DAILY
AFTER BOWELS OPENING FOR 2 WEEKS				
05/03/2015	1 issued	Comfigrip bandage 6.25cm size B (Vernacare Ltd)	Supply: (1) m	USE AS DIRECTED
04/03/2015	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
04/03/2015	2 issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
04/03/2015	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
04/03/2015	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
04/03/2015	2 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
09/02/2015	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
09/02/2015	2 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
09/02/2015	1 issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
09/02/2015	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
09/02/2015	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
09/02/2015	1 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
13/01/2015	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
13/01/2015	12 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
13/01/2015	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
13/01/2015	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
13/01/2015	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
13/01/2015	3 issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
13/01/2015	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
19/12/2014	11 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
19/12/2014	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
19/12/2014	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
19/12/2014	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
19/12/2014	2 issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
19/12/2014	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
19/12/2014	2 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
21/11/2014	1 issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
21/11/2014	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
21/11/2014	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
21/11/2014	10 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
21/11/2014	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
21/11/2014	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
21/11/2014	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
24/10/2014	9 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
24/10/2014	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
24/10/2014	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
24/10/2014	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
24/10/2014	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
26/09/2014	issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 CAPSULE TWICE DAILY
26/09/2014	8 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
26/09/2014	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
26/09/2014	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
26/09/2014	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
26/09/2014	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
29/08/2014	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
29/08/2014	7 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
29/08/2014	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
29/08/2014	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
29/08/2014	2 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
29/08/2014	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
31/07/2014	issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 CAPSULE TWICE DAILY
30/07/2014	6 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
30/07/2014	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
30/07/2014	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
30/07/2014	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES
A DAY WHEN REQUIRED				
30/07/2014	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY

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30/07/2014	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
03/07/2014	5 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
03/07/2014	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
03/07/2014	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
03/07/2014	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
03/07/2014	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
03/07/2014	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
05/06/2014	4 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
05/06/2014	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
05/06/2014	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
05/06/2014	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
05/06/2014	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
05/06/2014	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
05/06/2014	issued	Pregabalin 75mg capsules	Supply: (112) capsule	1 TABLET TWICE DAILY
19/05/2014	issued	Pregabalin 75mg capsules	Supply: (56) capsule	1 TABLET TWICE DAILY
07/05/2014	issued	Pregabalin 50mg capsules	Supply: (28) capsule	1 TABLET TWICE DAILY
07/05/2014	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
07/05/2014	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
07/05/2014	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
07/05/2014	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
07/05/2014	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
11/04/2014	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
11/04/2014	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
11/04/2014	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
11/04/2014	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
11/04/2014	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
11/04/2014	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
14/03/2014	issued	Zopiclone 3.75mg tablets	Supply: (14) tablet	TAKE ONE AT NIGHT
14/03/2014	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
14/03/2014	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
14/03/2014	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
14/03/2014	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
14/03/2014	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
14/03/2014	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
17/02/2014	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
17/02/2014	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
17/02/2014	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
17/02/2014	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
17/02/2014	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
17/02/2014	3 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
17/02/2014	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	ONE CAPSULE THREE TIMES A DAY
23/01/2014	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
23/01/2014	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
23/01/2014	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
23/01/2014	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
23/01/2014	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
23/01/2014	3 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
23/01/2014	2 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
23/12/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m USE AS DIRECTED		
23/12/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY

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23/12/2013	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
23/12/2013	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
23/12/2013	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
23/12/2013	2 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
23/12/2013	1 issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
02/12/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
02/12/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
26/11/2013	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
26/11/2013	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
26/11/2013	1 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
26/11/2013	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
26/11/2013	1 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
25/10/2013	issued	Temazepam 10mg tablets	Supply: (14) tablet	HALF TABLET AT NIGHT
25/10/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
25/10/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
25/10/2013	9 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
25/10/2013	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
25/10/2013	3 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
25/10/2013	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
25/10/2013	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
20/09/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
20/09/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
20/09/2013	issued	Temazepam 10mg tablets	Supply: (28) tablet	1 TABLET AT NIGHT
20/09/2013	8 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
20/09/2013	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
20/09/2013	2 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
20/09/2013	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
20/09/2013	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
21/08/2013	7 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
21/08/2013	6 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
21/08/2013	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
21/08/2013	1 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
21/08/2013	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
21/08/2013	issued	Temazepam 10mg tablets	Supply: (28) tablet	1 TABLET AT NIGHT
23/07/2013	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
23/07/2013	6 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
23/07/2013	5 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
23/07/2013	3 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
23/07/2013	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
23/07/2013	issued	Temazepam 10mg tablets	Supply: (28) tablet	1 TABLET AT NIGHT
25/06/2013	issued	Temazepam 10mg tablets	Supply: (56) tablet	2 TABLETS AT NIGHT
25/06/2013	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
25/06/2013	5 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
25/06/2013	4 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
25/06/2013	2 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
25/06/2013	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
25/06/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		USE AS DIRECTED
25/06/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY
29/05/2013	issued	Erythromycin 250mg gastro-resistant tablets	Supply: (56) tablet	TAKE TWO FOUR TIMES DAILY
29/05/2013	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
29/05/2013	4 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
29/05/2013	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
29/05/2013	1 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
29/05/2013	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
29/05/2013	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE 1 THREE TIMES A DAY

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29/05/2013	issued	Temazepam 10mg tablets	Supply: (56) tablet	2 TABLETS AT NIGHT
01/05/2013	issued	Otomize ear spray (Teva UK Ltd)	Supply: (5) ml	1 SPRAY THREE TIMES DAILY
01/05/2013	issued	Temazepam 10mg tablets	Supply: (28) tablet	2 TABLETS AT NIGHT
01/05/2013	issued	Gabapentin 400mg capsules	Supply: (42) capsule	TAKE 1 THREE TIMES A DAY
29/04/2013	issued	Gabapentin 400mg capsules	Supply: (42) capsule	TAKE 1 THREE TIMES A DAY
29/04/2013	issued	Temazepam 10mg tablets	Supply: (28) tablet	2 TABLETS AT NIGHT
26/04/2013	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
26/04/2013	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
26/04/2013	3 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
26/04/2013	3 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
26/04/2013	2 issued	Temazepam 10mg tablets	Supply: (56) tablet	2 TABLETS AT NIGHT
26/04/2013	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
26/04/2013	1 issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW Notes for patient: NEEDS REVIEW BEFORE NEXT PRESCRIPTION
03/04/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
03/04/2013	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
03/04/2013	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
03/04/2013	2 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
03/04/2013	2 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
03/04/2013	1 issued	Temazepam 10mg tablets	Supply: (56) tablet	2 TABLETS AT NIGHT
03/04/2013	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE THREE TIMES A DAY WHEN REQUIRED
12/03/2013	issued	Gabapentin 400mg capsules	Supply: (168) capsule	TAKE ONE 3 TIMES/DAY
08/03/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
08/03/2013	1 issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
08/03/2013	1 issued	Piroxicam 0.5% gel	Supply: (112) gram	APPLY AS DIRECTED
07/03/2013	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
07/03/2013	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	ONE CAPSULE THREE TIMES A DAY
07/03/2013	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
07/03/2013	6 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
07/03/2013	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
05/02/2013	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
05/02/2013	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
05/02/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
05/02/2013	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
05/02/2013	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
05/02/2013	5 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
05/02/2013	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
07/01/2013	issued	Gabapentin 400mg capsules	Supply: (168) capsule	TAKE ONE 3 TIMES/DAY
07/01/2013	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
07/01/2013	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
07/01/2013	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
07/01/2013	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
07/01/2013	4 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
07/01/2013	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
10/12/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
10/12/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
10/12/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
10/12/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
10/12/2012	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
10/12/2012	3 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
10/12/2012	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
12/11/2012	issued	Gabapentin 400mg capsules	Supply: (168) capsule	TAKE ONE 3 TIMES/DAY
12/11/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
12/11/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
12/11/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
12/11/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
12/11/2012	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
12/11/2012	2 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
12/11/2012	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/10/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) m	APPLY TO ELBOW
15/10/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY

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15/10/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
15/10/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
15/10/2012	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/10/2012	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
15/10/2012	1 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
19/09/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
19/09/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
19/09/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
19/09/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
19/09/2012	issued	Gabapentin 400mg capsules	Supply: (168) capsule	TAKE ONE 3 TIMES/DAY
19/09/2012	6 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
19/09/2012	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
19/09/2012	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
28/08/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
28/08/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
28/08/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
28/08/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
28/08/2012	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
28/08/2012	5 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
28/08/2012	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
03/08/2012	issued	Gabapentin 400mg capsules	Supply: (168) capsule	TAKE ONE 3 TIMES/DAY
03/08/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
31/07/2012	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
31/07/2012	4 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
31/07/2012	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
31/07/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
03/07/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
03/07/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
03/07/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
03/07/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
03/07/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
03/07/2012	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet	TAKE TWO TWICE DAILY
03/07/2012	3 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
03/07/2012	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
06/06/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
06/06/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
06/06/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
06/06/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
06/06/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
06/06/2012	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
06/06/2012	2 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
06/06/2012	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/05/2012	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
15/05/2012	1 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
15/05/2012	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
15/05/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
15/05/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
15/05/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
15/05/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
15/05/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
18/04/2012	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
18/04/2012	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
18/04/2012	6 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
18/04/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
18/04/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
18/04/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
18/04/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
18/04/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
21/03/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m		APPLY TO ELBOW
21/03/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
21/03/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
21/03/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
21/03/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
21/03/2012	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
21/03/2012	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
21/03/2012	5 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
29/02/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT

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29/02/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
29/02/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
29/02/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
29/02/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
29/02/2012	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
29/02/2012	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
29/02/2012	4 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
03/02/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
03/02/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
03/02/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
03/02/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
03/02/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
03/02/2012	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
03/02/2012	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
03/02/2012	3 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
02/02/2012	issued	Gabapentin 300mg capsules	Supply: (84) capsule	TAKE TWO THREE TIMES DAILY
19/01/2012	issued	Clarithromycin 500mg tablets	Supply: (14) tablet	TAKE ONE EVERY 12 HRS
19/01/2012	issued	Lidocaine 1% gel	Supply: (20) gram(s)	APPLY AS DIRECTED
16/01/2012	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
16/01/2012	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
16/01/2012	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
16/01/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
16/01/2012	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
16/01/2012	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
16/01/2012	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/01/2012	2 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
21/12/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
21/12/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
21/12/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
21/12/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
21/12/2011	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
21/12/2011	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
21/12/2011	1 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
08/12/2011	issued	Citalopram 20mg tablets	Supply: (28) tablet	ONE DAILY
30/11/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
30/11/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
30/11/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
30/11/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
30/11/2011	6 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
30/11/2011	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
30/11/2011	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
24/11/2011	issued	Citalopram 10mg tablets	Supply: (14) tablet	1 IN THE MORNING
24/11/2011	issued	Erythromycin 250mg gastro-resistant tablets	Supply: (28) tablet	TAKE ONE FOUR TIMES DAILY
24/11/2011	issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (42) tablet	TAKE ONE THREE TIMES DAILY
07/11/2011	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
07/11/2011	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
07/11/2011	5 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
07/11/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
07/11/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
07/11/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
07/11/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
13/10/2011	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/10/2011	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
13/10/2011	4 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
07/10/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
07/10/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
07/10/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
07/10/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
19/09/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
19/09/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
19/09/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
19/09/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
19/09/2011	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY

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19/09/2011	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
19/09/2011	3 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
25/08/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
25/08/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	TAKE ONE 3 TIMES/DAY
25/08/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
25/08/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
25/08/2011	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
25/08/2011	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
25/08/2011	2 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
02/08/2011	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
02/08/2011	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
02/08/2011	1 issued	Temazepam 20mg tablets	Supply: (56) tablet	2 TABS AT NIGHT
02/08/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
02/08/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
02/08/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
13/07/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
13/07/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
13/07/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
13/07/2011	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/07/2011	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
13/07/2011	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
17/06/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram	APPLY AT NIGHT
17/06/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) m APPLY TO ELBOW		
17/06/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule	TAKE ONE 3 TIMES/DAY
17/06/2011	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
17/06/2011	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
17/06/2011	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet	1 TAB 3 TIMES DAILY
17/06/2011	issued	Erythromycin 250mg gastro-resistant tablets	Supply: (56) tablet	TAKE TWO FOUR TIMES DAILY
07/06/2011	issued	Locoid 0.1% Lipocream [redacted] Pharma)	Supply: (30) gram	APPLY TWICE DAILY
25/05/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
25/05/2011	issued	Gabapentin 400mg capsules	Supply: (84) capsule(s)	TAKE ONE 3 TIMES/DAY
25/05/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
25/05/2011	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
25/05/2011	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
25/05/2011	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
04/05/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
04/05/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
04/05/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
04/05/2011	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
04/05/2011	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
04/05/2011	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
20/04/2011	issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
13/04/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
13/04/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
13/04/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
13/04/2011	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/04/2011	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
13/04/2011	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
16/03/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
16/03/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
16/03/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
16/03/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
16/03/2011	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
16/03/2011	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/03/2011	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
23/02/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
23/02/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
23/02/2011	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
23/02/2011	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
23/02/2011	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
31/01/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s) APPLY TO ELBOW		
31/01/2011	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
31/01/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY

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Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

31/01/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
31/01/2011	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
31/01/2011	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
31/01/2011	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
12/01/2011	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
12/01/2011	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
12/01/2011	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
12/01/2011	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
12/01/2011	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
12/01/2011	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
16/12/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
16/12/2010	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
16/12/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
16/12/2010	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/12/2010	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/12/2010	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
18/11/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
18/11/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
18/11/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
18/11/2010	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
18/11/2010	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
18/11/2010	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
18/11/2010	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
22/10/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
22/10/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
22/10/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
22/10/2010	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
22/10/2010	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
22/10/2010	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
22/10/2010	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
27/09/2010	issued	Erythromycin 250mg gastro-resistant tablets	Supply: (28) tablet(s)	TAKE ONE 4 TIMES/DAY
27/09/2010	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
27/09/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
27/09/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
24/09/2010	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
24/09/2010	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
24/09/2010	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
24/09/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
30/08/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
30/08/2010	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
30/08/2010	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
30/08/2010	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
17/08/2010	issued	Piroxicam 0.5% gel	Supply: (60) gram(s)	APPLY AT NIGHT
17/08/2010	issued	Gabapentin 400mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
09/08/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
09/08/2010	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
09/08/2010	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
09/08/2010	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
09/08/2010	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/07/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
16/07/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
16/07/2010	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/07/2010	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
16/07/2010	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
16/07/2010	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
22/06/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
22/06/2010	issued	Gabapentin 300mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
22/06/2010	issued	Citalopram 10mg tablets	Supply: (56) tablet(s)	1 IN THE MORNING
22/06/2010	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
22/06/2010	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
22/06/2010	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
22/06/2010	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
27/05/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)		APPLY TO ELBOW
27/05/2010	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
27/05/2010	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily

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Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

27/05/2010	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
24/05/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
07/05/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
07/05/2010	issued	Citalopram 10mg tablets	Supply: (56) tablet(s)	1 IN THE MORNING
07/05/2010	issued	Gabapentin 300mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
07/05/2010	6 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
07/05/2010	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
07/05/2010	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
07/05/2010	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/04/2010	issued	Gabapentin 300mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
13/04/2010	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
13/04/2010	issued	Citalopram 10mg tablets	Supply: (56) tablet(s)	1 IN THE MORNING
13/04/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
13/04/2010	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/04/2010	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
13/04/2010	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
22/03/2010	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
22/03/2010	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
22/03/2010	5 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
22/03/2010	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
25/02/2010	issued	Citalopram 10mg tablets	Supply: (28) tablet(s)	1 IN THE MORNING
25/02/2010	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
25/02/2010	4 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
25/02/2010	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
25/02/2010	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
03/02/2010	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
03/02/2010	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
03/02/2010	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
03/02/2010	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
03/02/2010	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
13/01/2010	issued	Citalopram 10mg tablets	Supply: (28) tablet(s)	1 IN THE MORNING
13/01/2010	issued	Gabapentin 300mg capsules	Supply: (100) capsule(s)	TAKE ONE 3 TIMES/DAY
08/01/2010	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
08/01/2010	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
08/01/2010	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
08/01/2010	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/12/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
16/12/2009	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/12/2009	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
16/12/2009	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
30/11/2009	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
30/11/2009	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
30/11/2009	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
30/11/2009	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
30/11/2009	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
10/11/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
10/11/2009	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
10/11/2009	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
10/11/2009	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
15/10/2009	6 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
15/10/2009	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
15/10/2009	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
15/10/2009	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
25/09/2009	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
25/09/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
25/09/2009	5 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
25/09/2009	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
25/09/2009	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
25/09/2009	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
02/09/2009	4 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
02/09/2009	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
02/09/2009	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
02/09/2009	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
11/08/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
11/08/2009	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
11/08/2009	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
11/08/2009	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
11/08/2009	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT

Taycourt Surgery, 50 South Tay Street, Dundee, DD1 1PF
Tel: 01382 228228

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Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

11/08/2009	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/07/2009	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/07/2009	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
16/07/2009	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
16/07/2009	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
18/06/2009	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
18/06/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) 1 metre pack(s)	APPLY TO ELBOW
18/06/2009	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
18/06/2009	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
18/06/2009	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
18/06/2009	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
22/05/2009	6 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
22/05/2009	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
22/05/2009	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
22/05/2009	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
22/05/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) 1 metre pack(s)	APPLY TO ELBOW
30/04/2009	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
30/04/2009	5 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
30/04/2009	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
30/04/2009	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
03/04/2009	issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
02/04/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) 1 metre pack(s)	APPLY TO ELBOW
02/04/2009	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
02/04/2009	4 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
02/04/2009	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
02/04/2009	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
09/03/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) 1 metre pack(s)	APPLY TO ELBOW
09/03/2009	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
09/03/2009	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
09/03/2009	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
09/03/2009	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
10/02/2009	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
10/02/2009	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
10/02/2009	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
10/02/2009	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/01/2009	issued	Amitriptyline 25mg tablets	Supply: (28) tablet(s)	TAKE ONE AT NIGHT
16/01/2009	issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (60) tablet(s)	TAKE ONE TWICE DAILY
13/01/2009	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
13/01/2009	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
13/01/2009	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
13/01/2009	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
12/01/2009	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd)	Supply: (1) 1 metre pack(s)	APPLY TO ELBOW
16/12/2008	6 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/12/2008	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/12/2008	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
16/12/2008	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
17/11/2008	5 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
17/11/2008	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
17/11/2008	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
17/11/2008	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
24/10/2008	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
24/10/2008	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
24/10/2008	4 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
24/10/2008	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
01/10/2008	6 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
01/10/2008	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
01/10/2008	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
01/10/2008	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
26/08/2008	12 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
26/08/2008	5 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
26/08/2008	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
26/08/2008	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
30/07/2008	issued	Furosemide 20mg tablets	Supply: (28) tablet(s)	TAKE ONE EACH MORNING
29/07/2008	11 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
29/07/2008	4 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
29/07/2008	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
29/07/2008	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
29/07/2008	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
01/07/2008	10 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY

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01/07/2008	6 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
01/07/2008	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
01/07/2008	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
17/06/2008	issued	Tubigrip bandage 6.25cm size B (Molnlycke Health Care Ltd) Supply: (1) 1 metre pack(s)	APPLY TO ELBOW	
12/06/2008	9 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
12/06/2008	2 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
12/06/2008	2 issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
12/06/2008	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
15/05/2008	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (84) tablet(s)	1 Tab 3 times daily
15/05/2008	8 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
15/05/2008	5 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
15/05/2008	1 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
15/05/2008	1 issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
15/05/2008	issued	Transvasin Heat Rub cream [redacted] & [redacted] Ltd)	Supply: (40) gram(s)	APPLY AS NEEDED
16/04/2008	7 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
16/04/2008	4 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
16/04/2008	3 issued	Ibuprofen 400mg tablets	Supply: (84) tablet(s)	1 Tab 3 times daily
16/04/2008	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180) tablet(s)	1 Tab 3 times daily
16/04/2008	3 issued	Temazepam 20mg tablets	Supply: (56) tablet(s)	2 Tabs At night
20/03/2008	6 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
20/03/2008	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
20/03/2008	2 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
20/03/2008	3 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
22/02/2008	5 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
22/02/2008	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
22/02/2008	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
22/02/2008	1 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
22/02/2008	2 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
25/01/2008	1 issued	Sildenafil 100mg tablets	Supply: (8) tablet(s)	1 AT NIGHT
25/01/2008	issued	Clarithromycin 500mg tablets	Supply: (14) tablet(s)	TAKE ONE EVERY 12 HRS
25/01/2008	4 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
25/01/2008	3 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
25/01/2008	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
25/01/2008	3 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/12/2007	3 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
27/12/2007	2 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
27/12/2007	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
27/12/2007	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/12/2007	issued	Erythromycin 250mg gastro-resistant tablets	Supply: (28) tablet(s)	TAKE TWO TWICE A DAY
30/11/2007	issued	Mirtazapine 30mg orodispersible tablets	Supply: (30) tablet(s)	one nocte
30/11/2007	2 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
30/11/2007	1 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
30/11/2007	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
30/11/2007	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
30/11/2007	issued	Doxycycline 100mg capsules	Supply: (8) capsule(s)	TWO NOW THEN ONE DAILY
02/11/2007	issued	Mirtazapine 30mg orodispersible tablets	Supply: (30) tablet(s)	one nocte
02/11/2007	1 issued	Dihydrocodeine 60mg modified-release tablets	Supply: (112) tablet(s)	TAKE TWO TWICE DAILY
02/11/2007	3 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
02/11/2007	3 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)	2 Tabs Twice daily dispense weekly	
02/11/2007	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
02/11/2007	3 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
02/10/2007	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
02/10/2007	2 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)	2 Tabs Twice daily dispense weekly	
02/10/2007	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
02/10/2007	2 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
02/10/2007	issued	Mirtazapine 30mg orodispersible tablets	Supply: (30) tablet(s)	one nocte
29/08/2007	issued	Mirtazapine 30mg orodispersible tablets	Supply: (30) tablet(s)	one nocte
29/08/2007	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/08/2007	1 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)	2 Tabs Twice daily dispense weekly	
29/08/2007	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
29/08/2007	1 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
03/08/2007	issued	Mirtazapine 15mg orodispersible tablets	Supply: (56) tablet(s)	1 AT NIGHT FOR 1WK THEN 2 AT NIGHT
03/08/2007	3 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
03/08/2007	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
03/08/2007	3 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)	2 Tabs Twice daily dispense weekly	
03/08/2007	3 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily

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03/07/2007	issued	Hyoscine butylbromide 10mg tablets	Supply: (50) tablet(s)	TAKE ONE THREE TIMES A DAY
03/07/2007	2 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
03/07/2007	2 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
03/07/2007	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
03/07/2007	2 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
03/07/2007	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
04/06/2007	1 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
04/06/2007	1 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
04/06/2007	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
04/06/2007	1 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
04/06/2007	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/05/2007	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/05/2007	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/05/2007	13 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
10/05/2007	12 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
10/05/2007	61 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
10/05/2007	49 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
17/04/2007	0 issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (84)	1 Tab 3 times daily
17/04/2007	12 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
17/04/2007	11 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
17/04/2007	60 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
17/04/2007	48 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
10/04/2007	0 issued	Buccastem 3mg Tablet (Reckitt Benckiser Healthcare (UK) Ltd) Supply: (42)		1 or 2 Tabs 3 times daily
26/03/2007	0 issued	Buccastem 3mg Tablet (Reckitt Benckiser Healthcare (UK) Ltd) Supply: (42)		1 or 2 Tabs 3 times daily
12/03/2007	11 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
12/03/2007	10 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
12/03/2007	0 issued	Omeprazole 20mg gastro-resistant capsules	Supply: (56)	1 Cap Twice daily
12/03/2007	59 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
12/03/2007	47 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
14/02/2007	10 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
14/02/2007	9 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
14/02/2007	0 issued	Kolanticon gel (Peckforton Pharmaceuticals Ltd)	Supply: (500)	10 ml 3 times daily
14/02/2007	0 issued	Omeprazole 20mg gastro-resistant capsules	Supply: (56)	1 Cap Twice daily
14/02/2007	58 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
14/02/2007	46 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
17/01/2007	9 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
17/01/2007	8 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
17/01/2007	45 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
17/01/2007	57 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
17/01/2007	75 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
17/01/2007	45 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
13/12/2006	8 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
13/12/2006	7 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
13/12/2006	44 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
13/12/2006	56 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
13/12/2006	74 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
13/12/2006	44 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
22/11/2006	7 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
22/11/2006	6 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
22/11/2006	43 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
22/11/2006	55 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
22/11/2006	73 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
22/11/2006	43 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
25/10/2006	6 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112)		2 Tabs Twice daily dispense weekly
25/10/2006	5 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
25/10/2006	42 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
25/10/2006	54 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
25/10/2006	72 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
25/10/2006	42 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
25/10/2006	0 issued	Meloxicam 15mg tablets	Supply: (30)	1 Tab Daily
25/10/2006	0 issued	Capsaicin 0.075% cream	Supply: (45)	Apply sparingly 3 times daily

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26/09/2006	0 issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (84)	1 Tab 3 times daily
26/09/2006	0 issued	Movelat cream (Genus Pharmaceuticals Ltd)	Supply: (100)	Apply 3 times daily
26/09/2006	5 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
26/09/2006	4 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
26/09/2006	41 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
26/09/2006	53 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
26/09/2006	71 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
26/09/2006	41 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
31/08/2006	4 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
31/08/2006	0 issued	Doxycycline 100mg capsules	Supply: (20)	1 Cap Daily
31/08/2006	0 issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (60)	1 Tab 3 times daily
31/08/2006	0 issued	Movelat cream (Genus Pharmaceuticals Ltd)	Supply: (100)	Apply 3 times daily
31/08/2006	52 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
31/08/2006	40 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
04/08/2006	3 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
04/08/2006	40 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
04/08/2006	0 issued	Movelat cream (Genus Pharmaceuticals Ltd)	Supply: (100)	Apply 3 times daily
04/08/2006	0 issued	Arthrotec 50 gastro-resistant tablets (Pfizer Ltd)	Supply: (60)	1 Tab 3 times daily
04/08/2006	51 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
04/08/2006	70 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
07/07/2006	2 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
07/07/2006	3 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
07/07/2006	39 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
07/07/2006	50 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
07/07/2006	69 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
07/07/2006	39 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
07/07/2006	88 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
12/06/2006	1 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
12/06/2006	2 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
12/06/2006	1 issued	Epilim Chrono 500 tablets (Sanofi)	Supply: (180)	1 Tab 3 times daily
12/06/2006	38 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
12/06/2006	49 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
12/06/2006	68 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
12/06/2006	38 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
12/06/2006	53 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
12/06/2006	87 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
18/05/2006	37 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
18/05/2006	0 issued	Clarithromycin 500mg tablets	Supply: (14)	1 Tab Twice daily
18/05/2006	48 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
18/05/2006	67 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
18/05/2006	37 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
18/05/2006	52 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
18/05/2006	14 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
18/05/2006	86 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
21/04/2006	36 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
21/04/2006	0 issued	Nortriptyline 10mg tablets	Supply: (100)	2 or 3 Tabs At night
21/04/2006	47 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
21/04/2006	66 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
21/04/2006	36 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
21/04/2006	51 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
21/04/2006	13 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
21/04/2006	85 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/03/2006	35 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
27/03/2006	0 issued	Nortriptyline 10mg tablets	Supply: (30)	1 Tab At night
27/03/2006	46 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
27/03/2006	65 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
27/03/2006	35 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
27/03/2006	50 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
27/03/2006	12 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
27/03/2006	84 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/02/2006	34 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
27/02/2006	45 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
27/02/2006	64 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
27/02/2006	34 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily

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27/02/2006	49 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
27/02/2006	11 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
27/02/2006	83 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
26/01/2006	33 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
26/01/2006	44 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
26/01/2006	0 issued	Ciprofloxacin 250mg tablets	Supply: (14)	1 Tab Twice daily
26/01/2006	0 issued	Salbutamol 100micrograms/dose breath actuated inhaler CFC free	Supply: (1)	2 Puffs 4 times daily
26/01/2006	63 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
26/01/2006	33 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
26/01/2006	48 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
26/01/2006	10 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
26/01/2006	82 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/12/2005	32 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
29/12/2005	43 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
29/12/2005	0 issued	Clarithromycin 500mg tablets	Supply: (14)	1 Tab Twice daily
29/12/2005	62 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
29/12/2005	32 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
29/12/2005	47 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
29/12/2005	9 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
29/12/2005	81 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
01/12/2005	31 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
01/12/2005	42 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
01/12/2005	61 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
01/12/2005	31 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
01/12/2005	46 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
01/12/2005	8 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
01/12/2005	80 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
03/11/2005	30 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
03/11/2005	41 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
03/11/2005	60 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
03/11/2005	30 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
03/11/2005	45 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
03/11/2005	7 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
03/11/2005	79 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
06/10/2005	29 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
06/10/2005	40 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
06/10/2005	59 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
06/10/2005	29 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
06/10/2005	44 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
06/10/2005	6 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
06/10/2005	78 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
09/09/2005	28 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
09/09/2005	39 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
09/09/2005	58 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
09/09/2005	28 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
09/09/2005	43 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
09/09/2005	5 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
09/09/2005	77 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
09/08/2005	27 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
09/08/2005	38 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
09/08/2005	57 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
09/08/2005	27 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
09/08/2005	42 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
09/08/2005	4 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
09/08/2005	76 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
08/07/2005	26 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
08/07/2005	37 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
08/07/2005	0 issued	Movelat gel (Genus Pharmaceuticals Ltd)	Supply: (100)	Apply 3 times daily
08/07/2005	56 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
08/07/2005	26 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
08/07/2005	41 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
08/07/2005	3 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
08/07/2005	75 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
08/06/2005	25 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
08/06/2005	36 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night

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08/06/2005	55 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
08/06/2005	25 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
08/06/2005	40 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
08/06/2005	2 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
08/06/2005	1 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (84)	1 Tab 3 times daily
11/05/2005	16 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
11/05/2005	24 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
11/05/2005	35 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
11/05/2005	54 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
11/05/2005	24 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
11/05/2005	39 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
11/05/2005	74 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
12/04/2005	15 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
12/04/2005	23 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
12/04/2005	34 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
12/04/2005	53 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
12/04/2005	23 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
12/04/2005	38 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
12/04/2005	73 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
15/03/2005	22 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
15/03/2005	33 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
15/03/2005	22 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
15/03/2005	37 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
15/03/2005	72 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/02/2005	14 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
10/02/2005	21 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
10/02/2005	32 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
10/02/2005	52 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
10/02/2005	21 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
10/02/2005	36 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
10/02/2005	71 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
13/01/2005	13 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
13/01/2005	20 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
13/01/2005	31 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
13/01/2005	51 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
13/01/2005	20 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
13/01/2005	35 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
13/01/2005	70 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
14/12/2004	12 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
14/12/2004	19 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
14/12/2004	30 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
14/12/2004	50 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
14/12/2004	19 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
14/12/2004	34 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
14/12/2004	69 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/11/2004	11 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
10/11/2004	18 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
10/11/2004	29 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
10/11/2004	0 issued	Simple linctus sugar free	Supply: (200)	10 ml 4 times daily
10/11/2004	49 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
10/11/2004	18 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
10/11/2004	33 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
10/11/2004	68 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
15/10/2004	28 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
15/10/2004	32 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112)	2 Tabs Twice daily dispense weekly
13/10/2004	10 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
13/10/2004	17 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
13/10/2004	48 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
13/10/2004	17 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
13/10/2004	67 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
17/08/2004	9 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
17/08/2004	16 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
17/08/2004	27 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
17/08/2004	47 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
17/08/2004	16 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily

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Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

17/08/2004	31 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
17/08/2004	66 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
20/07/2004	0 issued	Paracetamol 500mg tablets	Supply: (200)	2 Tabs 4 times daily
20/07/2004	8 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
20/07/2004	15 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
20/07/2004	26 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
20/07/2004	46 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
20/07/2004	15 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
20/07/2004	30 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
20/07/2004	65 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
21/06/2004	0 issued	Co-amoxiclav 500mg/125mg tablets	Supply: (21)	1 Tab 3 times daily
21/06/2004	7 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
21/06/2004	14 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
21/06/2004	25 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
21/06/2004	45 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
21/06/2004	14 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
21/06/2004	29 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
21/06/2004	64 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
28/05/2004	6 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
28/05/2004	13 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
28/05/2004	24 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
28/05/2004	44 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
28/05/2004	13 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
28/05/2004	28 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
28/05/2004	63 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/04/2004	5 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
27/04/2004	12 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
27/04/2004	23 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
27/04/2004	43 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
27/04/2004	12 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
27/04/2004	27 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
27/04/2004	62 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/03/2004	0 issued	Transvasin Heat Rub cream (Thornton & [redacted] Ltd)	Supply: (80)	Apply 4 times daily
29/03/2004	4 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
29/03/2004	11 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
29/03/2004	22 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
29/03/2004	42 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
29/03/2004	11 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
29/03/2004	26 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
29/03/2004	61 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
01/03/2004	3 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
01/03/2004	10 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
01/03/2004	21 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
01/03/2004	41 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
01/03/2004	10 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
01/03/2004	25 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
01/03/2004	60 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
02/02/2004	2 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
02/02/2004	1 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
02/02/2004	9 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
02/02/2004	20 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
02/02/2004	40 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
02/02/2004	9 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
02/02/2004	24 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
02/02/2004	59 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
20/01/2004	0 issued	Trimethoprim 200mg tablets	Supply: (14)	1 Tab Twice daily
20/01/2004	0 issued	Paracetamol 500mg soluble tablets	Supply: (100)	1 or 2 Tabs 4 times daily
12/01/2004	0 issued	Epilim Chrono 300 tablets (Sanofi)	Supply: (56)	1 Tab Twice daily
05/01/2004	0 issued	Simple linctus sugar free	Supply: (200)	10 ml 4 times daily
05/01/2004	8 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
05/01/2004	19 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
05/01/2004	39 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
05/01/2004	8 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
05/01/2004	23 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly		
05/01/2004	58 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily

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05/12/2003	0 issued	Fusafungine 500micrograms/dose nasal/oromucosal spray sugar free	Supply: (1) 1 Puff 4 times daily	
05/12/2003	7 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
05/12/2003	18 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
05/12/2003	0 issued	Aluminium chloride 20% solution	Supply: (1)	Apply At night
05/12/2003	38 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
05/12/2003	7 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
05/12/2003	22 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
05/12/2003	57 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
11/11/2003	6 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
11/11/2003	17 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
11/11/2003	37 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
11/11/2003	6 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
11/11/2003	21 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
11/11/2003	56 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
20/10/2003	0 issued	Zineryt lotion [redacted] Pharma)	Supply: (90)	Apply Twice daily
29/09/2003	5 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
29/09/2003	16 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
29/09/2003	36 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
29/09/2003	5 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
29/09/2003	20 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
29/09/2003	55 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
04/09/2003	4 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
04/09/2003	15 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
04/09/2003	35 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
04/09/2003	4 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
04/09/2003	19 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
04/09/2003	54 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
12/08/2003	3 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
12/08/2003	14 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
12/08/2003	34 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
12/08/2003	3 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
12/08/2003	18 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
12/08/2003	53 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/07/2003	2 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
10/07/2003	1 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
10/07/2003	13 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
10/07/2003	33 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
10/07/2003	2 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
10/07/2003	1 issued	Paroxetine 20mg tablets	Supply: (56)	2 Tabs Daily
10/07/2003	17 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
10/07/2003	52 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
13/06/2003	12 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
13/06/2003	13 issued	Paroxetine 20mg tablets	Supply: (56)	1 Tab Daily
13/06/2003	32 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
13/06/2003	16 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
13/06/2003	51 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
16/05/2003	0 issued	Pantoprazole 40mg gastro-resistant tablets	Supply: (28)	1 Tab Daily
16/05/2003	11 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
16/05/2003	12 issued	Paroxetine 20mg tablets	Supply: (56)	1 Tab Daily
16/05/2003	31 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
16/05/2003	15 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
21/04/2003	10 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
21/04/2003	11 issued	Paroxetine 20mg tablets	Supply: (56)	1 Tab Daily
21/04/2003	30 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
21/04/2003	14 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
21/04/2003	50 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
24/03/2003	9 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
24/03/2003	10 issued	Paroxetine 20mg tablets	Supply: (56)	1 Tab Daily
24/03/2003	29 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
24/03/2003	13 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (112) 2 Tabs Twice daily dispense weekly	
24/03/2003	49 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
24/02/2003	8 issued	Temazepam 20mg tablets	Supply: (56)	2 Tabs At night
24/02/2003	28 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily

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24/02/2003	12 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
24/02/2003	48 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
20/01/2003	0 issued	Loperamide 2mg capsules	Supply: (28) 1 Cap 4 times daily
20/01/2003	7 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
20/01/2003	9 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
20/01/2003	27 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
20/01/2003	11 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
20/01/2003	47 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
24/12/2002	6 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
24/12/2002	8 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
24/12/2002	26 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
24/12/2002	10 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
24/12/2002	46 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
27/11/2002	5 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
27/11/2002	7 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
27/11/2002	25 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
27/11/2002	9 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
27/11/2002	45 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
31/10/2002	4 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
31/10/2002	6 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
31/10/2002	24 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
31/10/2002	8 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
02/10/2002	3 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
02/10/2002	5 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
02/10/2002	23 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
02/10/2002	7 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
02/10/2002	44 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
03/09/2002	2 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
03/09/2002	1 issued	Temazepam 20mg tablets	Supply: (56) 2 Tabs At night
03/09/2002	4 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
03/09/2002	22 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
03/09/2002	6 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
03/09/2002	43 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
06/08/2002	3 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
06/08/2002	21 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
06/08/2002	5 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
06/08/2002	42 issued	Temazepam 20mg tablets	Supply: (84) 3 tabs nocte dispense weekly
06/08/2002	42 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
10/07/2002	2 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
10/07/2002	1 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
10/07/2002	20 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
10/07/2002	4 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
10/07/2002	41 issued	Temazepam 20mg tablets	Supply: (84) 3 tabs nocte dispense weekly
10/07/2002	41 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
14/06/2002	0 issued	Gabapentin 300mg capsules	Supply: (100) 1 mane 3 days then 1 bd 3 days then tds
14/06/2002	19 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
14/06/2002	3 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
14/06/2002	8 issued	Dihydrocodeine 30mg tablets	Supply: (224) 2 Tabs qds disp wkly
14/06/2002	40 issued	Temazepam 20mg tablets	Supply: (84) 3 tabs nocte dispense weekly
14/06/2002	40 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
17/05/2002	0 issued	Mometasone 0.1% ointment	Supply: (100) Apply sparingly Daily
17/05/2002	18 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
17/05/2002	2 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
17/05/2002	1 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd) Supply: (112) 2 Tabs Twice daily dispense weekly	
17/05/2002	0 issued	Permethrin 5% cream	Supply: (60) Apply stat
17/05/2002	7 issued	Dihydrocodeine 30mg tablets	Supply: (224) 2 Tabs qds disp wkly
17/05/2002	39 issued	Temazepam 20mg tablets	Supply: (84) 3 tabs nocte dispense weekly
17/05/2002	39 issued	Ibuprofen 400mg tablets	Supply: (84) 1 Tab 3 times daily
01/05/2002	0 issued	Paroxetine 20mg tablets	Supply: (56) 1 Tab Daily
17/04/2002	17 issued	Ranitidine 150mg tablets	Supply: (60) 1 Tab Twice daily
17/04/2002	3 issued	Dosulepin 25mg capsules	Supply: (56) 1 or 2 Caps At night

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17/04/2002	6 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
17/04/2002	16 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
17/04/2002	38 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
17/04/2002	38 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
21/03/2002	16 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
21/03/2002	2 issued	Dosulepin 25mg capsules	Supply: (56)	1 or 2 Caps At night
21/03/2002	1 issued	Dosulepin 25mg capsules	Supply: (56)	1 or 2 Caps At night
21/03/2002	5 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
21/03/2002	15 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
21/03/2002	37 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
21/03/2002	37 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
22/02/2002	0 issued	Paroxetine 20mg tablets	Supply: (60)	1 Tab Daily
22/02/2002	15 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
22/02/2002	0 issued	Dosulepin 25mg capsules	Supply: (56)	1 or 2 Caps At night
22/02/2002	4 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
22/02/2002	14 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
22/02/2002	36 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
22/02/2002	36 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
25/01/2002	14 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
25/01/2002	0 issued	Dihydrocodeine 120mg modified-release tablets	Supply: (14)	1 Tab Twice daily
25/01/2002	3 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
25/01/2002	13 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
25/01/2002	35 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
25/01/2002	35 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
11/01/2002	0 issued	Paroxetine 20mg tablets	Supply: (60)	1 Tab Daily
27/12/2001	13 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
27/12/2001	2 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
27/12/2001	12 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
27/12/2001	34 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
27/12/2001	34 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/11/2001	12 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
29/11/2001	0 issued	Permethrin 5% cream	Supply: (90)	Apply Daily
29/11/2001	1 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs qds disp wkly
29/11/2001	0 issued	Locoid Crelo 0.1% topical emulsion [redacted] Pharma)	Supply: (100)	Apply sparingly Twice daily
29/11/2001	11 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
29/11/2001	33 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
29/11/2001	33 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/11/2001	33 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
01/11/2001	11 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
01/11/2001	0 issued	Paroxetine 20mg tablets	Supply: (60)	1 Tab Daily
01/11/2001	32 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
01/11/2001	32 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
01/11/2001	32 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
04/10/2001	10 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
04/10/2001	10 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
04/10/2001	31 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
04/10/2001	31 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
04/10/2001	31 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
07/09/2001	9 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
07/09/2001	9 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
07/09/2001	30 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
07/09/2001	30 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
07/09/2001	30 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
13/08/2001	8 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
13/08/2001	8 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
13/08/2001	29 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
13/08/2001	29 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
13/08/2001	29 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
19/07/2001	7 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
19/07/2001	7 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
19/07/2001	28 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
19/07/2001	28 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
19/07/2001	28 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
09/07/2001	0 issued	Valaciclovir 500mg tablets	Supply: (42)	2 Tabs 3 times daily
28/06/2001	0 issued	Rofecoxib 12.5mg tablets	Supply: (28)	1 Tab Daily
28/06/2001	0 issued	Locoid Crelo 0.1% topical emulsion [redacted] Pharma)	Supply: (100)	Apply Twice daily
21/06/2001	6 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
21/06/2001	0 issued	Permethrin 5% cream	Supply: (30)	Apply neck every nook and cranny stat
21/06/2001	6 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
21/06/2001	27 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
21/06/2001	27 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
21/06/2001	27 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
24/05/2001	5 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
24/05/2001	26 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
24/05/2001	26 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily

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24/05/2001	26 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
27/04/2001	4 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
27/04/2001	5 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
27/04/2001	25 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
27/04/2001	25 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/04/2001	25 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
02/04/2001	3 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
02/04/2001	0 issued	Paroxetine 20mg tablets	Supply: (30)	1 Tab Daily
02/04/2001	24 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
02/04/2001	24 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
02/04/2001	24 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
09/03/2001	2 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
09/03/2001	1 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
09/03/2001	4 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
09/03/2001	23 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
09/03/2001	23 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
09/03/2001	23 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
15/02/2001	0 issued	Ranitidine 150mg tablets	Supply: (60)	1 Tab Twice daily
15/02/2001	3 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
15/02/2001	22 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
15/02/2001	22 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
15/02/2001	22 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
22/01/2001	2 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
22/01/2001	1 issued	Fexofenadine 180mg tablets	Supply: (30)	1 Tab Daily
22/01/2001	21 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
22/01/2001	21 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
22/01/2001	21 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
28/12/2000	20 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
28/12/2000	20 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
28/12/2000	20 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
07/12/2000	19 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
07/12/2000	19 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
07/12/2000	19 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
17/11/2000	18 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
17/11/2000	18 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
17/11/2000	18 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
26/10/2000	17 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
26/10/2000	17 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
26/10/2000	17 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
28/09/2000	16 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
28/09/2000	16 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
28/09/2000	16 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
01/09/2000	15 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
01/09/2000	15 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
01/09/2000	15 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
10/08/2000	14 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
10/08/2000	14 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
10/08/2000	14 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
17/07/2000	13 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
17/07/2000	13 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
17/07/2000	13 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
29/06/2000	0 issued	Clarithromycin 500mg tablets	Supply: (14)	1 Tab Twice daily
29/06/2000	12 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
29/06/2000	0 issued	Metronidazole 200mg tablets	Supply: (21)	1 Tab 3 times daily
29/06/2000	0 issued	Lansoprazole 30mg gastro-resistant capsules	Supply: (14)	1 Cap Twice daily
29/06/2000	12 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
29/06/2000	12 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
15/06/2000	11 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
15/06/2000	11 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
15/06/2000	11 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
18/05/2000	10 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
18/05/2000	10 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
18/05/2000	10 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
27/04/2000	9 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
27/04/2000	9 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
27/04/2000	9 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
06/04/2000	8 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
06/04/2000	0 issued	Ketoconazole 2% cream	Supply: (30)	Apply Twice daily
06/04/2000	8 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
06/04/2000	8 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
13/03/2000	7 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
13/03/2000	7 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
13/03/2000	7 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
16/02/2000	6 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
16/02/2000	6 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
16/02/2000	6 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily

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Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

24/01/2000	5 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
24/01/2000	5 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
24/01/2000	5 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
30/12/1999	4 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
30/12/1999	4 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
30/12/1999	4 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
17/12/1999	3 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
17/12/1999	3 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
17/12/1999	3 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
25/11/1999	2 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
25/11/1999	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
25/11/1999	2 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
03/11/1999	1 issued	Temazepam 20mg tablets	Supply: (84)	3 tabs nocte dispense weekly
03/11/1999	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab 3 times daily
03/11/1999	1 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
03/11/1999	0 issued	Dihydrocodeine 30mg tablets	Supply: (224)	2 Tabs 4 times daily
03/11/1999	2 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab
03/11/1999	1 issued	Ibuprofen 400mg tablets	Supply: (84)	1 Tab
03/11/1999	3 issued	Temazepam 20mg capsules	Supply: (60)	2 CAPS AT NIGHT
03/11/1999	3 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (8100)	1 TAB TWICE DAILY
06/10/1994	2 issued	Co-proxamol 32.5mg/325mg tablets	Supply: (60)	
06/10/1994	1 issued	Co-proxamol 32.5mg/325mg tablets	Supply: (60)	
06/10/1994	2 issued	Temazepam 20mg capsules	Supply: (60)	2 CAPS AT NIGHT
06/10/1994	1 issued	Temazepam 20mg capsules	Supply: (60)	2 CAPS AT NIGHT
06/10/1994	2 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (8100)	1 TAB TWICE DAILY
06/10/1994	1 issued	DHC Continus 60mg tablets (Napp Pharmaceuticals Ltd)	Supply: (8100)	1 TAB TWICE DAILY

Recall

02/06/2017	Recall on 02/06/2017 for No response to bowel cancer screening programme invitation with Dr [redacted] Status:Outstanding
02/06/2015	Recall on 02/06/2015 for No response to bowel cancer screening programme invitation with Dr [redacted] Status:Complete

Consultation

18/10/2018	Surgery consultation	Dr [redacted] Paton
14/09/2018	Administration	Miss Jill [redacted]
14/09/2018	Other	Dr Andrea Flatt
27/08/2018	Other	Ms [redacted] Donaghy
30/07/2018	Administration	Miss Jill [redacted]
19/07/2018	Surgery consultation	Dr [redacted] Paton
02/07/2018	Administration	Miss Jill [redacted]
22/06/2018	Surgery consultation	Dr [redacted] Paton
22/06/2018	Other	Ms Mardou Mclaren
06/06/2018	Administration	Miss Jill [redacted]
31/05/2018	Surgery consultation	Dr [redacted] Paton
18/05/2018	Surgery consultation	Dr [redacted] Paton
10/05/2018	Administration	Miss Jill [redacted]
10/05/2018	Surgery consultation	Dr [redacted] Sanu
20/04/2018	Other	Ms Mardou Mclaren
18/04/2018	Administration	Mr [redacted]
13/04/2018	Surgery consultation	Dr [redacted]
13/04/2018	Administration	Miss Jill [redacted]
13/04/2018	Surgery consultation	Dr [redacted] Paton
29/03/2018	Surgery consultation	Dr Gp Student
26/03/2018	Administration	Mrs Gillian Will
23/03/2018	Surgery consultation	Mrs [redacted]
27/02/2018	Administration	Dr [redacted]
27/02/2018	Administration	Miss Jill [redacted]
21/02/2018	Administration	Mrs [redacted]
13/02/2018	Surgery consultation	Dr [redacted] Cormack
26/01/2018	Surgery consultation	Dr Catriona [redacted]
22/01/2018	Administration	Miss Jill [redacted]
20/12/2017	Surgery consultation	Dr [redacted] Paton
20/12/2017	Administration	Miss Jill [redacted]
27/11/2017	Surgery consultation	Dr [redacted] Paton
27/11/2017	Administration	Mrs Gillian Will
24/11/2017	Administration	Miss Jill [redacted]
24/10/2017	Surgery consultation	Dr [redacted] Sanu
23/10/2017	Surgery consultation	Dr [redacted]
23/10/2017	Administration	Miss Jill [redacted]
22/09/2017	Administration	Miss Jill [redacted]
21/09/2017	Administration	Mr [redacted]
18/09/2017	Administration	Dr C Locum

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

14/09/2017	Administration	Mrs Lesley [redacted]
01/09/2017	Administration	Mr [redacted]
01/09/2017	Mail to patient	Mr [redacted]
01/09/2017	Administration	Mr [redacted]
01/09/2017	Results recording	Dr [redacted]
30/08/2017	Surgery consultation	Dr [redacted] Paton
30/08/2017	Administration	Miss Jill [redacted]
21/08/2017	Surgery consultation	Dr [redacted] Paton
17/08/2017	Surgery consultation	Dr Catriona [redacted]
17/08/2017	Surgery consultation	Dr Gp Student
01/08/2017	Administration	Miss Jill [redacted]
17/07/2017	Administration	Mr [redacted]
05/07/2017	Surgery consultation	Dr [redacted] Paton
05/07/2017	Administration	Miss Jill [redacted]
22/06/2017	Administration	Mr [redacted] Batey
12/06/2017	Administration	Miss Jill [redacted]
12/05/2017	Administration	Dr [redacted]
11/05/2017	Administration	Miss Jill [redacted]
04/04/2017	Administration	Miss Jill [redacted]
07/03/2017	Surgery consultation	Dr [redacted] Sanu
06/03/2017	Administration	Miss Jill [redacted]
06/02/2017	Administration	Miss Jill [redacted]
12/01/2017	Surgery consultation	Dr [redacted]
12/01/2017	Administration	Miss Jill [redacted]
19/12/2016	Administration	Miss Jill [redacted]
29/11/2016	Surgery consultation	Dr [redacted] Sanu
28/11/2016	Administration	Miss Jill [redacted]
28/11/2016	Administration	Mrs Lesley [redacted]
31/10/2016	Administration	Miss Jill [redacted]
05/10/2016	Surgery consultation	Dr [redacted] Paton
05/10/2016	Administration	Miss Jill [redacted]
05/09/2016	Administration	Miss Jill [redacted]
11/08/2016	Surgery consultation	Dr [redacted] Paton
10/08/2016	Surgery consultation	Dr [redacted] Paton
10/08/2016	Surgery consultation	Mrs [redacted]
18/07/2016	Other	Miss [redacted]
11/07/2016	Administration	Miss Jill [redacted]
08/07/2016	Administration	Mrs Gillian Will
15/06/2016	Other	Miss [redacted]
15/06/2016	Administration	Dr [redacted]
14/06/2016	Administration	Miss Jill [redacted]
19/05/2016	Surgery consultation	Dr [redacted] Paton
19/05/2016	Administration	Miss Jill [redacted]
22/04/2016	Surgery consultation	Dr [redacted]
22/04/2016	Administration	Miss Jill [redacted]
01/04/2016	Administration	Miss Jill [redacted]
24/03/2016	Surgery consultation	Dr [redacted] Paton
10/03/2016	Surgery consultation	Dr [redacted] Sanu
03/03/2016	Surgery consultation	Dr [redacted] Paton
02/03/2016	Surgery consultation	Mrs [redacted]
25/02/2016	Administration	Mr [redacted]
12/02/2016	Surgery consultation	Dr [redacted] Sanu
11/02/2016	Administration	Miss Jill [redacted]
19/01/2016	Administration	Mr S System Supervisor
17/01/2016	Surgery consultation	Dr [redacted]
15/01/2016	Administration	Miss Jill [redacted]
15/12/2015	Surgery consultation	Dr Margaretha Badenhorst
15/12/2015	Administration	Miss Jill [redacted]
27/11/2015	Surgery consultation	Dr [redacted] Paton
17/11/2015	Surgery consultation	Dr [redacted] Paton
17/11/2015	Administration	Miss Jill [redacted]
14/11/2015	Results recording	Dr [redacted]
21/10/2015	Surgery consultation	Dr [redacted] Paton
21/10/2015	Surgery consultation	Mrs [redacted]
28/09/2015	Administration	Mr [redacted]
25/09/2015	Surgery consultation	Dr [redacted] Paton
23/09/2015	Administration	Mr [redacted]
23/09/2015	Mail to patient	Mr [redacted]
22/09/2015	Surgery consultation	Dr Margaretha Badenhorst
22/09/2015	Administration	Miss Jill [redacted]
21/09/2015	Administration	Mr [redacted]
01/09/2015	Results recording	Dr [redacted]
27/08/2015	Surgery consultation	Dr B Locum
04/08/2015	Surgery consultation	Dr [redacted] Paton
30/07/2015	Surgery consultation	Dr [redacted] Paton
30/07/2015	Surgery consultation	Mrs [redacted]

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Mr Robert Beattie **19/05/1958 Male S282(2)1958/ Transferred Out**

09/07/2015	Administration	Dr [redacted]
08/07/2015	Administration	Miss Jill [redacted]
11/06/2015	Other	Dr [redacted]
11/06/2015	Administration	Miss Jill [redacted]
01/06/2015	Mail to patient	Mr [redacted] Batey
01/06/2015	Administration	Mr [redacted] Batey
01/06/2015	Other	Mr [redacted] Batey
18/05/2015	Surgery consultation	Dr [redacted] Paton
18/05/2015	Administration	Miss Jill [redacted]
12/05/2015	Administration	Miss Jill [redacted]
07/05/2015	Telephone call to a patient	Dr [redacted]
28/04/2015	Administration	Miss [redacted]
23/04/2015	Administration	Miss Jill [redacted]
31/03/2015	Other	Dr B Locum
06/03/2015	Surgery consultation	Dr [redacted] Stevenson
05/03/2015	Administration	Dr [redacted]
04/03/2015	Administration	Miss Jill [redacted]
09/02/2015	Administration	Miss Jill [redacted]
26/01/2015	Administration	Mr [redacted]
13/01/2015	Surgery consultation	Dr Margaretha Badenhorst
13/01/2015	Administration	Miss Jill [redacted]
19/12/2014	Administration	Miss Jill [redacted]
21/11/2014	Surgery consultation	Dr [redacted] Paton
21/11/2014	Administration	Miss Jill [redacted]
24/10/2014	Surgery consultation	Mrs [redacted]
21/10/2014	Administration	Miss [redacted]
26/09/2014	Surgery consultation	Dr [redacted] Paton
26/09/2014	Administration	Miss Jill [redacted]
29/08/2014	Other	Dr [redacted]
29/08/2014	Administration	Miss Jill [redacted]
15/08/2014	Administration	Dr B Locum
31/07/2014	Administration	Dr [redacted]
30/07/2014	Surgery consultation	Mrs [redacted]
03/07/2014	Surgery consultation	Dr [redacted] Paton
05/06/2014	Surgery consultation	Dr [redacted]
19/05/2014	Surgery consultation	Dr [redacted] Paton
07/05/2014	Surgery consultation	Dr [redacted] Paton
15/04/2014	Administration	Mr [redacted]
11/04/2014	Surgery consultation	Dr [redacted] Paton
14/03/2014	Surgery consultation	Dr [redacted] Paton
17/02/2014	Surgery consultation	Dr [redacted] Paton
24/01/2014	Administration	Miss [redacted]
23/01/2014	Surgery consultation	Dr [redacted] Paton
22/01/2014	Administration	Miss [redacted]
23/12/2013	Surgery consultation	Dr [redacted] Paton
02/12/2013	Surgery consultation	Dr [redacted] Paton
26/11/2013	Surgery consultation	Dr [redacted] Paton
25/10/2013	Surgery consultation	Dr [redacted] Paton
20/09/2013	Surgery consultation	Dr [redacted] Paton
06/09/2013	Administration	Mrs [redacted]
04/09/2013	Administration	Miss [redacted]
21/08/2013	Surgery consultation	Dr [redacted] Paton
12/08/2013	Other	Dr [redacted]
23/07/2013	Surgery consultation	Dr Margaretha Badenhorst
25/06/2013	Other	Miss [redacted]
25/06/2013	Surgery consultation	Dr [redacted]
25/06/2013	Administration	Mrs Gillian Will
03/06/2013	Administration	Mr [redacted]
30/05/2013	Results recording	Dr [redacted]
30/05/2013	Results recording	Dr [redacted]
29/05/2013	Surgery consultation	Mrs [redacted] Cheghall
29/05/2013	Surgery consultation	Dr [redacted]
01/05/2013	Surgery consultation	Dr [redacted]
29/04/2013	Other	Dr [redacted]
26/04/2013	Administration	Miss Jill [redacted]
18/04/2013	Other	Mrs [redacted]
17/04/2013	Administration	Mrs [redacted]
03/04/2013	Administration	Mrs [redacted]
21/03/2013	Other	Mrs [redacted]
12/03/2013	Other	Dr [redacted]
08/03/2013	Surgery consultation	Dr Margaretha Badenhorst
07/03/2013	Surgery consultation	Dr Margaretha Badenhorst
07/03/2013	Administration	Miss Jill [redacted]
07/03/2013	Surgery consultation	Dr Margaretha Badenhorst
20/02/2013	Administration	Mr [redacted]
05/02/2013	Administration	Miss Jill [redacted]

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Mr Robert Beattie **19/05/1958 Male S282(2)1958/ Transferred Out**

10/01/2013	Surgery consultation	Dr [redacted]
07/01/2013	Administration	Miss Jill [redacted]
10/12/2012	Administration	Miss Jill [redacted]
12/11/2012	Administration	Miss Jill [redacted]
15/10/2012	Administration	Miss Jill [redacted]
19/09/2012	Administration	Miss Jill [redacted]
28/08/2012	Administration	Miss Jill [redacted]
03/08/2012	Surgery consultation	Dr [redacted]
01/08/2012	Surgery consultation	Dr Margaretha Badenhorst
31/07/2012	Administration	Mrs [redacted]
06/07/2012	Administration	Mrs [redacted]
06/07/2012	Surgery consultation	Dr Margaretha Badenhorst
03/07/2012	Administration	Miss Jill [redacted]
18/06/2012	Administration	Mr [redacted]
06/06/2012	Administration	Miss Jill [redacted]
17/05/2012	Other	Miss [redacted]
15/05/2012	Administration	Mrs [redacted]
11/05/2012	Administration	Mrs [redacted] Cheghall
20/04/2012	Other	Miss [redacted]
18/04/2012	Administration	Mrs [redacted]
21/03/2012	Administration	Miss Jill [redacted]
29/02/2012	Administration	Miss Jill [redacted]
20/02/2012	Administration	Mr [redacted]
14/02/2012	Administration	Mrs [redacted]
03/02/2012	Administration	Miss Jill [redacted]
02/02/2012	Surgery consultation	Dr [redacted]
19/01/2012	Surgery consultation	Dr [redacted]
16/01/2012	Administration	Miss Jill [redacted]
21/12/2011	Administration	Miss Jill [redacted]
08/12/2011	Surgery consultation	Dr [redacted] Paton
30/11/2011	Administration	Miss Jill [redacted]
24/11/2011	Surgery consultation	Dr [redacted] Paton
07/11/2011	Administration	Mrs [redacted]
20/10/2011	Other	Miss [redacted]
13/10/2011	Surgery consultation	Dr C Locum
13/10/2011	Administration	Miss Jill [redacted]
07/10/2011	Administration	Mrs [redacted]
07/10/2011	Administration	Mrs [redacted]
19/09/2011	Administration	Miss Jill [redacted]
25/08/2011	Administration	Miss Jill [redacted]
02/08/2011	Administration	Mrs [redacted]
28/07/2011	Surgery consultation	Dr A Locum
13/07/2011	Administration	Miss Jill [redacted]
17/06/2011	Administration	Miss Jill [redacted]
17/06/2011	Surgery consultation	Dr [redacted] Paton
13/06/2011	Referral Letter	Dr A [redacted]
13/06/2011	Administration	Mrs [redacted]
07/06/2011	Surgery consultation	Dr A [redacted]
25/05/2011	Administration	Miss Jill [redacted]
17/05/2011	Surgery consultation	Dr A [redacted]
04/05/2011	Administration	Miss Jill [redacted]
20/04/2011	Surgery consultation	Dr [redacted] Paton
13/04/2011	Administration	Miss Jill [redacted]
06/04/2011	Administration	Mr [redacted]
05/04/2011	Administration	Dr A [redacted]
16/03/2011	Administration	Miss Jill [redacted]
23/02/2011	Administration	Miss Jill [redacted]
31/01/2011	Administration	Miss Jill [redacted]
12/01/2011	Administration	Miss Jill [redacted]
16/12/2010	Administration	Miss Jill [redacted]
18/11/2010	Administration	Miss Jill [redacted]
11/11/2010	Administration	Mr [redacted]
22/10/2010	Administration	Miss Jill [redacted]
29/09/2010	Surgery consultation	Mrs [redacted]
27/09/2010	Surgery consultation	Mrs [redacted] Macrae
27/09/2010	Repeat Issue	Dr A [redacted]
24/09/2010	Administration	Mrs [redacted]
30/08/2010	Administration	Miss Jill [redacted]
17/08/2010	Surgery consultation	Dr A [redacted]
09/08/2010	Administration	Miss Jill [redacted]
16/07/2010	Administration	Miss Jill [redacted]
22/06/2010	Administration	Miss Kerrie Donachie
27/05/2010	Administration	Miss Kerrie Donachie
24/05/2010	Surgery consultation	Dr A Locum
24/05/2010	Triage	Dr [redacted]
07/05/2010	Administration	Miss Jill [redacted]

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Mr Robert Beattie **19/05/1958 Male S282(2)1958/ Transferred Out**

13/04/2010	Repeat Issue	Dr A [redacted]
13/04/2010	Administration	Miss Jill [redacted]
22/03/2010	Administration	Miss Jill [redacted]
16/03/2010	Administration	Mrs [redacted] Christie
25/02/2010	Administration	Miss Jill [redacted]
03/02/2010	Administration	Miss Jill [redacted]
13/01/2010	Surgery consultation	Dr A [redacted]
08/01/2010	Administration	Miss Jill [redacted]
16/12/2009	Administration	Miss Jill [redacted]
15/12/2009	Administration	Mr [redacted]
14/12/2009	Administration	Mr [redacted]
03/12/2009	Administration	Mr [redacted]
01/12/2009	Administration	Mr [redacted]
30/11/2009	Administration	Miss Jill [redacted]
30/11/2009	Surgery consultation	Dr A [redacted]
10/11/2009	Administration	Miss Jill [redacted]
15/10/2009	Administration	Miss Jill [redacted]
14/10/2009	Third Party Consultation	Dr A [redacted]
25/09/2009	Administration	Miss Jill [redacted]
15/09/2009	Administration	Mrs Lesley [redacted]
09/09/2009	Surgery consultation	Dr B Hollins
02/09/2009	Administration	Miss Jill [redacted]
11/08/2009	Administration	Mrs [redacted]
16/07/2009	Administration	Miss Jill [redacted]
18/06/2009	Administration	Miss Jill [redacted]
22/05/2009	Administration	Mr [redacted]
30/04/2009	Administration	Mr [redacted]
03/04/2009	Administration	Dr [redacted]
02/04/2009	Administration	Miss Jill [redacted]
09/03/2009	Administration	Miss Jill [redacted]
10/02/2009	Administration	Miss Jill [redacted]
16/01/2009	Surgery consultation	Dr A [redacted]
13/01/2009	Administration	Miss Jill [redacted]
12/01/2009	Administration	Miss Jill [redacted]
16/12/2008	Administration	Mr [redacted]
17/11/2008	Administration	Miss Jill [redacted]
24/10/2008	Administration	Miss Jill [redacted]
01/10/2008	Administration	Miss Jill [redacted]
26/08/2008	Administration	Mrs [redacted]
04/08/2008	Administration	Mr [redacted]
30/07/2008	Surgery consultation	Mrs [redacted] Macrae
30/07/2008	Surgery consultation	Dr Margaretha Badenhorst
29/07/2008	Administration	Miss Jill [redacted]
01/07/2008	Surgery consultation	Dr A [redacted]
17/06/2008	Surgery consultation	Dr A [redacted]
12/06/2008	Administration	Miss Jill [redacted]
15/05/2008	Administration	Miss Jill [redacted]
15/05/2008	Surgery consultation	Dr Margaretha Badenhorst
13/05/2008	Administration	Mrs [redacted] Cheghall
16/04/2008	Administration	Miss Jill [redacted]
20/03/2008	Administration	Miss Jill [redacted]
22/02/2008	Surgery consultation	Dr A [redacted]
25/01/2008	Surgery consultation	Dr A [redacted]
27/12/2007	Surgery consultation	Dr [redacted]
30/11/2007	Surgery consultation	Dr A [redacted]
12/11/2007	Administration	Mrs [redacted]
02/11/2007	Surgery consultation	Dr A [redacted]
09/10/2007	Administration	Mrs [redacted] Cheghall
02/10/2007	Surgery consultation	Dr A [redacted]
29/08/2007	Surgery consultation	Dr [redacted]
14/08/2007	Administration	Dr A [redacted]
08/08/2007	Results recording	Mrs [redacted] Macrae
03/08/2007	Surgery consultation	Dr A [redacted]
03/07/2007	Surgery consultation	Dr A [redacted]
04/06/2007	Surgery consultation	Dr A [redacted]
10/05/2007	Surgery consultation	Dr A [redacted]
17/04/2007	Surgery consultation	Dr A [redacted]
10/04/2007	Surgery consultation	Dr A [redacted]
03/04/2007	Surgery consultation	Dr A [redacted]
26/03/2007	Surgery consultation	Dr B Hollins
12/03/2007	Surgery consultation	Dr A [redacted]
14/02/2007	Surgery consultation	Dr Staff Unknown Member Of Staff
19/01/2007	Surgery consultation	Dr Staff Unknown Member Of Staff
17/01/2007	Surgery consultation	Dr A [redacted]
29/12/2006	Surgery consultation	Mrs [redacted]
13/12/2006	Surgery consultation	Dr C Flavahan

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Mr Robert Beattie **19/05/1958 Male S282(2)1958/ Transferred Out**

07/12/2006	Surgery consultation	Dr A [redacted]
22/11/2006	Surgery consultation	Dr B Hollins
25/10/2006	Surgery consultation	Dr [redacted]
26/09/2006	Surgery consultation	Dr A [redacted]
31/08/2006	Surgery consultation	Dr [redacted]
04/08/2006	Surgery consultation	Dr A [redacted]
07/07/2006	Surgery consultation	Dr B Hollins
12/06/2006	Surgery consultation	Dr A [redacted]
18/05/2006	Surgery consultation	Dr A [redacted]
21/04/2006	Surgery consultation	Dr [redacted]
27/03/2006	Surgery consultation	Dr [redacted]
06/03/2006	Surgery consultation	Mrs [redacted]
28/02/2006	Surgery consultation	Dr Staff Unknown Member Of Staff
27/02/2006	Surgery consultation	Dr A [redacted]
06/02/2006	Surgery consultation	Mrs [redacted]
26/01/2006	Surgery consultation	Dr A [redacted]
29/12/2005	Surgery consultation	Dr A [redacted]
01/12/2005	Surgery consultation	Dr B Hollins
03/11/2005	Surgery consultation	Dr A [redacted]
26/10/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
06/10/2005	Surgery consultation	Dr A [redacted]
09/09/2005	Surgery consultation	Dr A [redacted]
08/09/2005	Surgery consultation	Dr C Flavahan
09/08/2005	Surgery consultation	Dr A [redacted]
19/07/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
18/07/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
17/07/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
08/07/2005	Surgery consultation	Dr A [redacted]
08/06/2005	Surgery consultation	Dr A [redacted]
11/05/2005	Surgery consultation	Dr A [redacted]
12/04/2005	Surgery consultation	Dr A [redacted]
15/03/2005	Surgery consultation	Dr B Hollins
10/02/2005	Surgery consultation	Dr A [redacted]
13/01/2005	Surgery consultation	Dr A [redacted]
14/12/2004	Surgery consultation	Dr A [redacted]
10/11/2004	Surgery consultation	Dr A [redacted]
07/11/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
15/10/2004	Surgery consultation	Dr A [redacted]
13/10/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
11/10/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
17/08/2004	Surgery consultation	Dr A [redacted]
20/07/2004	Surgery consultation	Dr A [redacted]
21/06/2004	Surgery consultation	Dr A [redacted]
28/05/2004	Surgery consultation	Dr A [redacted]
27/04/2004	Surgery consultation	Dr A [redacted]
15/04/2004	Surgery consultation	Dr A [redacted]
29/03/2004	Surgery consultation	Dr A [redacted]
01/03/2004	Surgery consultation	Dr A [redacted]
02/02/2004	Surgery consultation	Dr A [redacted]
20/01/2004	Surgery consultation	Dr A [redacted]
12/01/2004	Surgery consultation	Dr A [redacted]
05/01/2004	Surgery consultation	Dr A [redacted]
01/01/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
31/12/2003	Surgery consultation	Dr Staff Unknown Member Of Staff
05/12/2003	Surgery consultation	Dr [redacted]
11/11/2003	Surgery consultation	Dr A [redacted]
20/10/2003	Surgery consultation	Dr A [redacted]
29/09/2003	Surgery consultation	Dr A [redacted]
04/09/2003	Surgery consultation	Dr A [redacted]
21/08/2003	Surgery consultation	Dr Staff Unknown Member Of Staff
12/08/2003	Surgery consultation	Dr A [redacted]
10/07/2003	Surgery consultation	Dr A [redacted]
13/06/2003	Surgery consultation	Dr Staff Unknown Member Of Staff
16/05/2003	Surgery consultation	Dr A [redacted]
21/04/2003	Surgery consultation	Dr A [redacted]
24/03/2003	Surgery consultation	Dr A [redacted]
24/02/2003	Surgery consultation	Dr A [redacted]
20/01/2003	Surgery consultation	Dr A [redacted]
24/12/2002	Surgery consultation	Dr [redacted]
27/11/2002	Surgery consultation	Dr A [redacted]
31/10/2002	Surgery consultation	Dr A [redacted]
02/10/2002	Surgery consultation	Dr A [redacted]
03/09/2002	Surgery consultation	Dr A [redacted]
06/08/2002	Surgery consultation	Dr A [redacted]
10/07/2002	Surgery consultation	Dr A [redacted]
14/06/2002	Surgery consultation	Dr A [redacted]

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Full Report

Mr Robert Beattie **19/05/1958 Male S282(2)1958/ Transferred Out**

17/05/2002	Surgery consultation	Dr A [redacted]
13/05/2002	Surgery consultation	Dr Staff Unknown Member Of Staff
01/05/2002	Surgery consultation	Dr C Flavahan
26/04/2002	Surgery consultation	Dr Staff Unknown Member Of Staff
17/04/2002	Surgery consultation	Dr A [redacted]
21/03/2002	Surgery consultation	Dr A [redacted]
22/02/2002	Surgery consultation	Dr [redacted]
25/01/2002	Surgery consultation	Dr A [redacted]
11/01/2002	Surgery consultation	Dr A [redacted]
27/12/2001	Surgery consultation	Dr A [redacted]
10/12/2001	Surgery consultation	Dr Staff Unknown Member Of Staff
29/11/2001	Surgery consultation	Dr A [redacted]
01/11/2001	Surgery consultation	Dr A [redacted]
04/10/2001	Surgery consultation	Dr A [redacted]
07/09/2001	Surgery consultation	Dr A [redacted]
13/08/2001	Surgery consultation	Dr A [redacted]
19/07/2001	Surgery consultation	Dr A [redacted]
09/07/2001	Surgery consultation	Dr A [redacted]
28/06/2001	Surgery consultation	Dr A [redacted]
21/06/2001	Surgery consultation	Dr A [redacted]
24/05/2001	Surgery consultation	Dr A [redacted]
27/04/2001	Surgery consultation	Dr A [redacted]
13/04/2001	Surgery consultation	Dr Staff Unknown Member Of Staff
02/04/2001	Surgery consultation	Dr A [redacted]
09/03/2001	Surgery consultation	Dr A [redacted]
15/02/2001	Surgery consultation	Dr A [redacted]
22/01/2001	Surgery consultation	Dr A [redacted]
28/12/2000	Surgery consultation	Dr A [redacted]
07/12/2000	Surgery consultation	Dr A [redacted]
17/11/2000	Surgery consultation	Dr A [redacted]
26/10/2000	Surgery consultation	Dr A [redacted]
28/09/2000	Surgery consultation	Dr A [redacted]
01/09/2000	Surgery consultation	Dr A [redacted]
18/08/2000	Surgery consultation	Dr A [redacted]
10/08/2000	Surgery consultation	Dr A [redacted]
17/07/2000	Surgery consultation	Dr A [redacted]
07/07/2000	Surgery consultation	Dr Staff Unknown Member Of Staff
29/06/2000	Surgery consultation	Dr A [redacted]
15/06/2000	Surgery consultation	Dr A [redacted]
18/05/2000	Surgery consultation	Dr A [redacted]
11/05/2000	Surgery consultation	Dr Staff Unknown Member Of Staff
27/04/2000	Surgery consultation	Dr A [redacted]
06/04/2000	Surgery consultation	Dr A [redacted]
13/03/2000	Surgery consultation	Dr A [redacted]
16/02/2000	Surgery consultation	Dr A [redacted]
24/01/2000	Surgery consultation	Dr A [redacted]
18/01/2000	Surgery consultation	Dr A [redacted]
30/12/1999	Surgery consultation	Dr A [redacted]
17/12/1999	Surgery consultation	Dr A [redacted]
25/11/1999	Surgery consultation	Dr A [redacted]
03/11/1999	Surgery consultation	Dr A [redacted]
02/11/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
04/08/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
22/07/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
05/07/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
24/06/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
27/04/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
23/03/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
15/09/1998	Surgery consultation	Dr Staff Unknown Member Of Staff
05/06/1998	Surgery consultation	Dr Staff Unknown Member Of Staff
13/03/1998	Surgery consultation	Dr Staff Unknown Member Of Staff
04/06/1997	Surgery consultation	Dr Staff Unknown Member Of Staff
08/05/1997	Surgery consultation	Dr Staff Unknown Member Of Staff
12/11/1995	Surgery consultation	Dr Staff Unknown Member Of Staff
08/06/1995	Surgery consultation	Dr Staff Unknown Member Of Staff
19/02/1995	Surgery consultation	Dr Staff Unknown Member Of Staff
06/10/1994	Surgery consultation	Dr A [redacted]
24/03/1993	Surgery consultation	Dr Staff Unknown Member Of Staff
03/03/1993	Surgery consultation	Dr Staff Unknown Member Of Staff
18/07/1992	Surgery consultation	Dr Staff Unknown Member Of Staff
31/03/1991	Surgery consultation	Dr Staff Unknown Member Of Staff
03/08/1988	Surgery consultation	Dr Staff Unknown Member Of Staff
13/12/1987	Surgery consultation	Dr Staff Unknown Member Of Staff
21/07/1987	Surgery consultation	Dr Staff Unknown Member Of Staff
12/06/1986	Surgery consultation	Dr Staff Unknown Member Of Staff
24/04/1986	Surgery consultation	Dr Staff Unknown Member Of Staff

Taycourt Surgery, 50 South Tay Street, Dundee, DD1 1PF
Tel: 01382 228228

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

02/04/1986	Surgery consultation	Dr Staff Unknown Member Of Staff
04/08/1984	Surgery consultation	Dr Staff Unknown Member Of Staff
22/11/1983	Surgery consultation	Dr Staff Unknown Member Of Staff
29/06/1983	Surgery consultation	Dr Staff Unknown Member Of Staff
21/06/1983	Surgery consultation	Dr Staff Unknown Member Of Staff
20/05/1982	Surgery consultation	Dr Staff Unknown Member Of Staff
10/04/1982	Surgery consultation	Dr Staff Unknown Member Of Staff
01/01/1977	Surgery consultation	Dr Staff Unknown Member Of Staff

Blood pressure

07/03/2013 11:59.00	BP 112/68 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
17/08/2010 15:29.00	BP 110/80 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading
08/09/2005	BP 110/65		recall due:	O/E - blood pressure reading
24/03/1993	BP 100/60		recall due:	O/E - BP reading normal

ACTION=No Action Required : RECALL_LETTER_STATUS=Send recall when due : PROTOCOL=B P Screening$$

Referrals

21/02/2018 Refer for Referral for further care at Ninewells department of Orthopaedic Elbow & Shoulder with by: Dr [redacted] Cormack
06/09/2013 Refer for Referral for further care at Ninewells department of Oral with by: Mrs [redacted]
06/09/2013 Refer for Referral for further care at Ninewells department of Neurology with by: Mrs [redacted]
13/06/2011 Refer for Referral for further care at Ninewells department of Pain Clinic with by: Mrs [redacted]
16/01/2009 Refer for Physiotherapy at department of with by: Dr A [redacted]
25/01/2008 Refer for Refer for X-Ray at department of with by: Dr A [redacted]
12/03/2007 Refer for Referral for further care at department of with by: Dr A [redacted]
21/08/2003 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
10/12/2001 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
19/07/2001 Refer for Referral for further care at department of with by: Dr A [redacted]
13/04/2001 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
02/04/2001 Refer for Referral for further care at department of with by: Dr A [redacted]
05/07/1999 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
24/06/1999 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
23/03/1999 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
15/09/1998 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
05/06/1998 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
08/05/1997 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff
19/02/1995 Refer for Referral for further care at department of with by: Dr Staff Unknown Member Of Staff

Smoking

07/03/2013	Ex-smoker	cigarettes per day	Ex-heavy smoker (20-39/day)	Dr Margaretha Badenhorst
19/01/2012	Ex-smoker	cigarettes per day	Ex-moderate smoker (10-19/day)	Dr [redacted]
16/01/2009	Ex-smoker	cigarettes per day	Ex smoker	Dr A [redacted]
02/11/2007	Ex-smoker	cigarettes per day	Ex smoker	Dr A [redacted]
02/10/2007	Ex-smoker	cigarettes per day	Ex smoker	Dr A [redacted]
03/08/2007	Ex-smoker	cigarettes per day	Ex smoker	Dr A [redacted]

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

15/04/2004 Ex-smoker 0 cigarettes per day Ex smoker Dr A [redacted]
01/03/2004 Ex-smoker 0 cigarettes per day Ex smoker ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Smoker$$ Status D r A [redacted]
20/01/2004 Ex-smoker 0 cigarettes per day Ex smoker ACTION=No Action Required : RECALL_LETTER_STATUS=Do not send recall letter : RESULT_LETTER_STATUS=Do not send result letter : PROTOCOL=Smoker$$ Status D r A [redacted]
24/03/1993 Smoker 0 cigarettes per day Moderate smoker - 10-19 cigs/d Dr Staff Unknown Member Of Staff

Alcohol

14/04/2014 Current drinker 49 units per week Heavy drinker - 7-9u/day States that he drinks eight or more drinks daily.From web questionnaire
07/03/2013 Current drinker 1 units per week Alcohol intake within recommended sensible limits Dr Margaretha Badenhorst
30/07/2008 Current drinker units per week Alcohol intake within recommended sensible limits Dr Margaretha Badenhorst
24/03/1993 Life teetotaler 0 units per week Teetotaller Dr Staff Unknown Member Of Staff

Weight

02/11/2007 Weight: 85 kgs BMI: 26.2 O/E - weight
02/11/1999 Weight: 85.73 kgs BMI: 26.4 O/E - weight RECALL_LETTER_STATUS=Send recall when due

Height

02/11/1999 Height: 1.8 metres O/E - height RECALL_LETTER_STATUS=Send recall when due Dr Staff Unknown Member Of Staff

Albumin

29/05/2013 Serum albumin = 37 g/L
14/02/2007 Share Manager: Albumin = 45
14/02/2007 SPICE Lab Results: Albumin = 45

Alkaline Phosphatase

29/05/2013 Serum alkaline phosphatase = 92 U/L U/L
14/02/2007 Share Manager: Alk Phos = 75
14/02/2007 SPICE Lab Results: Alk Phos = 75

Alanine Aminotransferase

29/05/2013 Serum alanine aminotransferase level = 21 U/L Serum ALT level - U/L
14/02/2007 Share Manager: ALT = 11
14/02/2007 SPICE Lab Results: ALT = 11

Bilirubin

29/05/2013 Serum total bilirubin level = 13 umol/L
14/02/2007 Share Manager: Bilirubin = 8
14/02/2007 SPICE Lab Results: Bilirubin = 8

Serum cholesterol

29/05/2013 Serum cholesterol = 3.65 mmol/L

Creatine phosphokinase level

14/02/2007 SPICE Lab Results: Creat = 77

Serum creatinine

29/05/2013 Serum creatinine = 82 umol/L
30/11/2009 Serum creatinine = 84 umol/L
30/07/2008 Serum creatinine = 82 umol/L
14/02/2007 Share Manager: Creat = 77

Eosinophil count

29/05/2013 Eosinophil count = 0.16 10*9/L x10^9/L

Haemoglobin

29/05/2013 Haemoglobin estimation = 15.2 g/dL

High Density Lipoprotein

29/05/2013 Serum HDL cholesterol level = 1.16 mmol/L

Mean corpuscular haemoglobin

29/05/2013 Mean corpusc. haemoglobin(MCH) = 29.5 pg

MCH Hb Concentration

29/05/2013 Mean corpusc. Hb. conc. (MCHC) = 32.7 g/dL

Mean corpuscular volume

29/05/2013 Mean corpuscular volume (MCV) = 90.2 fL fl

Monocyte count

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

29/05/2013	Monocyte count	= 0.5 10*9/L		x10^9/L
Neutrophil count				
29/05/2013	Neutrophil count	= 3.1 10*9/L		x10^9/L
Platelets				
29/05/2013	Platelet count	= 231 10*9/L		x10^9/L
Potassium				
29/05/2013	Serum potassium	= 4.4 mmol/L		
14/02/2007	Share Manager: K+	= 4.5		
14/02/2007	SPICE Lab Results: K+	= 4.5		
Red blood cell count				
29/05/2013	Red blood cell (RBC) count	= 5.16 10*12/L		x10^12/L
Sodium				
29/05/2013	Serum sodium	= 140 mmol/L		
14/02/2007	Share Manager: Na+	= 141		
14/02/2007	SPICE Lab Results: Na+	= 141		
Thyroid Stimulating Hormone				
29/05/2013	Serum TSH level	= 0.38 mU/L	Below low reference	
limit mU/L				
30/07/2008	TSH - thyroid stim. hormone	= 0.65 MicroU/L		
13/06/2003	TSH level	= 0		0.21
Urea - blood				
29/05/2013	Serum urea level	= 4.7 mmol/L		
14/02/2007	Share Manager: Urea	= 4.6		
14/02/2007	SPICE Lab Results: Urea	= 4.6		
White blood count				
29/05/2013	Total white cell count	= 6.4 10*9/L		x10^9/L
Lymphocyte count				
29/05/2013	Lymphocyte count	= 2.6 10*9/L		x10^9/L
Blood glucose				
29/05/2013	Plasma glucose level	= 5.4 mmol/L		
04/08/1999	Blood glucose 5-6.9 mmol/L	= 0		5.1
Endoscopy				
08/06/1995	Upper GI endoscopy			
21/07/1987	Upper GI endoscopy			
02/04/1986	Upper GI endoscopy			
22/11/1983	Diagn fibreoptic gastroscopy			
21/06/1983	Upper GI endoscopy			
Faecal Occult Blood				
13/11/2015	BCSP faecal occult blood test normal Negative No action required			
Full blood count				
29/05/2013	Full blood count - FBC	=		<none>
30/11/2009	Full blood count - FBC			
04/08/1999	Full blood count normal	= 0		hb 15.3
Liver Function tests				
30/11/2009	Liver function tests - general			
30/07/2008	Liver function tests - general			
14/02/2007	Liver function test	= 0		
Thyroid function				
30/07/2008	Thyroid hormone tests			
Urea and Electrolytes				
30/11/2009	Urea and electrolytes			
30/07/2008	Urea and electrolytes			
14/02/2007	Urea and electrolytes	= 0		

Neck X-ray

22/07/1999 Plain X-ray cervical spine Some OA lower neck

04/06/1997 Plain X-ray cervical spine Established spondylotic change particularly at C5/6 and C6/7. history ofprevious injury is noted but, there is no radiological evidence of trauma.The alignment of the individual cervical vertebral bodies remains intact

Shoulder X-ray

27/04/1999 X-ray shoulder joint normal

04/06/1997 Plain X-ray shoulder joint normal

Spine X-ray

31/12/2003 Plain X-ray spine normal

Advice Given

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

15/04/2004 Smoking cessation advice

C Reactive protein
04/08/1999 C reactive protein normal = 0

Fit details
03/08/2012 Fit frequency Frequency: 1 Quarterly Aura? Yes Dr [redacted]
17/05/2011 Seizure free >12 months Frequency: Aura? No Dr A [redacted]
17/08/2010 Epilepsy control good Frequency: Aura? No Dr A [redacted]
13/01/2010 Epilepsy control good only has fits if forgets to take R Frequency: Aura? No Dr A [redacted]
02/10/2007 Fit frequency Frequency: 1 Quarterly Aura? No Dr A [redacted]

Other Laboratory tests
04/08/1999 Urea and electrolyes normal = 0

Last fit
17/08/2010 Recorded: 17/08/2010 Seizure free >12 months Dr A [redacted]
13/01/2010 Recorded: 13/01/2010 Last fit several months ago, but only has fits idf forgets to take R. Dr A [redacted]
2009 Recorded: 17/05/2011 Last fit Dr A [redacted]
Recorded: 03/08/2012 Last fit Unable to recall last seizure. It was months ago, unable to even recall which season it was. Says he only fits if he has forgotten to take his medication. Dr [redacted]
Recorded: 03/08/2012 Last fit Dr [redacted]

MRI scan
11/05/2000 Magnetic resonance imaging spine cervical there is slight narrowing of the left c6 nerve root exit foramen.mild degenerative change is seen in both the c5/6 and c6/7 intervertebral discs.orbits no metallic foreign body.

Packed Cell Volume
29/05/2013 Haematocrit = 0.465 ratio

Basophil count
29/05/2013 Basophil count = 0 10*9/L x10^9/L

Chemical function tests
29/05/2013 GFR calculated abbreviated MDRD adj for African Americ origin GFR caletd abbtd MDRD Af Am or - 1F HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

HDL/LDL Ratio
29/05/2013 Total cholesterol:HDL ratio = 3.1 ratio .
29/05/2013 Total cholesterol:HDL ratio = ratio <none>

Other autoantibodies
30/11/2009 Anti-nuclear antibody level Absent

Other Immunology Tests
04/08/1999 Immunology = 0 essentially normally

Scoring Test Result
14/04/2014 Score: 11 Method: for:
07/03/2013 Score: 0 Method: for: Alcohol consumption Dr Margaretha Badenhorst
19/01/2012 Score: 0 Method: for: Alcohol consumption Dr [redacted]
30/07/2008 Score: 0 Method: for: Alcohol consumption Dr Margaretha Badenhorst

Procedures, Specimens and Samples
20/10/2011 Patient informed - test result Patient informed over telephone that x-ray results taken on the 14/10/11 were normal. AQ

Repeat Medication Review
13/04/2018 Epilepsy medication review Due: 13/04/2019 by: Dr [redacted] Dr [redacted]
13/04/2018 Medication review done by doctor reviewed Due: 13/04/2019 by: Dr [redacted] Dr [redacted] Sanu
30/08/2017 Medication review done by doctor reviewed Due: 30/08/2018 Complete: 13/04/2018 by: Dr [redacted] Next review: 13/04/2019 Dr [redacted] Sanu
22/04/2016 Epilepsy medication review Due: 22/04/2017 Complete: 13/04/2018 by: Dr [redacted] Next review: 13/04/2019 Dr [redacted]
24/03/2016 Medication review done by doctor reviewed Due: 24/03/2017 Complete: 30/08/2017 by: Dr [redacted] Next review: 30/08/2018 Dr [redacted] Sanu
27/11/2015 Medication review done by doctor reviewed Due: 27/11/2016 Complete: 24/03/2016 by: Dr [redacted] Next review: 24/03/2017 Dr [redacted] Sanu

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NHS Confidential: Personal data about a patient

Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

21/10/2015 Medication review done by doctor reviewed Due: 21/10/2016 Complete: 27/11/2015 by: Dr [redacted] Next review: 27/11/2016
Dr Margaretha Badenhorst
30/07/2015 Medication review done by doctor reviewed Due: 30/07/2016 Complete: 21/10/2015 by: Dr [redacted] Next review: 21/10/2016
Dr Margaretha Badenhorst
07/05/2015 Medication review done by doctor reviewed Due: 07/05/2016 Complete: 30/07/2015 by: Dr [redacted] Next review: 30/07/2016
Dr Margaretha Badenhorst
29/08/2014 Epilepsy medication review Due: 29/08/2015 Complete: 04/08/2015 by: Dr [redacted] Next review: 04/08/2016
Dr [redacted]
29/08/2014 Epilepsy medication review Due: 29/08/2015 Complete: 22/04/2016 by: Dr [redacted] Next review: 22/04/2017
Dr [redacted]
19/05/2014 Medication review done by doctor reviewed Due: 19/05/2015 Complete: 07/05/2015 by: Dr [redacted] Next review: 07/05/2016
Dr Margaretha Badenhorst
23/07/2013 Epilepsy medication review Due: 23/07/2014 Complete: 29/08/2014 by: Dr [redacted] Next review: 29/08/2015
Dr [redacted]
23/07/2013 Epilepsy medication review Due: 23/07/2014 Complete: 29/08/2014 by: Dr [redacted] Next review: 29/08/2015
Dr [redacted]
29/05/2013 Medication review done by doctor Due: 29/05/2014 Complete: 19/05/2014 by: Dr [redacted] Paton Next review: 19/05/2015
Dr Margaretha Badenhorst
03/08/2012 Medication review done by doctor Due: 03/08/2013 Complete: 29/05/2013 by: Dr [redacted] Next review: 29/05/2014
Dr [redacted]
03/08/2012 Epilepsy medication review Due: 03/08/2013 Complete: 23/07/2013 by: Dr [redacted] Next review: 23/07/2014
Dr [redacted]
03/08/2012 Epilepsy medication review Due: 03/08/2013 Complete: 23/07/2013 by: Dr A [redacted] Next review: 23/07/2014
Dr [redacted]
17/05/2011 Epilepsy medication review Due: 17/05/2012 Complete: 03/08/2012 by: Dr A [redacted] Next review: 03/08/2013
Dr [redacted]
17/05/2011 Epilepsy medication review Due: 17/05/2012 Complete: 17/05/2011 by: Dr A [redacted] Next review: 17/05/2012
Dr A [redacted]
05/04/2011 Medication review done by doctor Due: 05/04/2012 Complete: 03/08/2012 by: Dr [redacted] Next review: 03/08/2013
Dr [redacted]
05/04/2011 Epilepsy medication review Due: 05/04/2012 Complete: 03/08/2012 by: Dr [redacted] Next review: 03/08/2013
Dr [redacted]
13/01/2010 Medication review done by doctor Due: 13/01/2011 Complete: 05/04/2011 by: Dr A [redacted] Next review: 05/04/2012
Dr A [redacted]
13/01/2010 Epilepsy medication review Due: 13/01/2011 Complete: 05/04/2011 by: Dr A [redacted] Next review: 05/04/2012
Dr A [redacted]
13/01/2010 Epilepsy medication review Due: 13/01/2011 Complete: 13/01/2010 by: Dr A [redacted] Next review: 13/01/2011
Dr A [redacted]
13/01/2010 Medication review done by doctor Due: 13/01/2011 Complete: 13/01/2010 by: Dr A [redacted] Next review: 13/01/2011
Dr A [redacted]
16/01/2009 Epilepsy medication review Due: 16/01/2010 Complete: 13/01/2010 by: Dr A [redacted] Next review: 13/01/2011
Dr A [redacted]
16/01/2009 Medication review Due: 16/01/2010 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Epilepsy medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted] Next review: 16/01/2010
Dr A [redacted]
02/10/2007 Epilepsy medication review Due: 02/10/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr [redacted]
Dr [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr B Hollins
Dr B Hollins
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr [redacted]
Dr [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted]
Dr A [redacted]
02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr B Hollins
Dr B Hollins

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

02/10/2007 Medication review Due: 02/10/2008 Complete: 16/01/2009 by: Dr A [redacted] Next review: 16/01/2010
Dr A [redacted]
03/08/2007 Medication review Due: 03/08/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
10/05/2007 Medication review Due: 09/05/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
10/05/2007 Medication review Due: 09/05/2008 Complete: 10/05/2007 by: Dr A [redacted] Next review: 09/05/2008
Dr A [redacted]
17/04/2007 Medication review Due: 16/04/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
17/04/2007 Medication review Due: 16/04/2008 Complete: 17/04/2007 by: Dr A [redacted] Next review: 16/04/2008
Dr A [redacted]
12/03/2007 Medication review Due: 11/03/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
12/03/2007 Medication review Due: 11/03/2008 Complete: 12/03/2007 by: Dr A [redacted] Next review: 11/03/2008
Dr A [redacted]
14/02/2007 Medication review Due: 14/02/2008 Complete: 02/10/2007 by: Dr [redacted] Next review: 02/10/2008
Dr [redacted]
14/02/2007 Medication review Due: 14/02/2008 Complete: 14/02/2007 by: Dr [redacted] Next review: 14/02/2008
Dr [redacted]
17/01/2007 Medication review Due: 17/01/2008 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
17/01/2007 Medication review Due: 17/01/2008 Complete: 17/01/2007 by: Dr A [redacted] Next review: 17/01/2008
Dr A [redacted]
22/11/2006 Medication review Due: 22/11/2007 Complete: 02/10/2007 by: Dr B Hollins Next review: 02/10/2008
Dr B Hollins
22/11/2006 Medication review Due: 22/11/2007 Complete: 22/11/2006 by: Dr B Hollins Next review: 22/11/2007
Dr B Hollins
26/09/2006 Medication review Due: 26/09/2007 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
26/09/2006 Medication review Due: 26/09/2007 Complete: 26/09/2006 by: Dr A [redacted] Next review: 26/09/2007
Dr A [redacted]
31/08/2006 Medication review Due: 31/08/2007 Complete: 02/10/2007 by: Dr [redacted] Next review: 02/10/2008
Dr [redacted]
31/08/2006 Medication review Due: 31/08/2007 Complete: 31/08/2006 by: Dr [redacted] Next review: 31/08/2007
Dr [redacted]
04/08/2006 Medication review Due: 04/08/2007 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
04/08/2006 Medication review Due: 04/08/2007 Complete: 04/08/2006 by: Dr A [redacted] Next review: 04/08/2007
Dr A [redacted]
07/07/2006 Medication review Due: 07/07/2007 Complete: 02/10/2007 by: Dr B Hollins Next review: 02/10/2008
Dr B Hollins
07/07/2006 Medication review Due: 07/07/2007 Complete: 07/07/2006 by: Dr B Hollins Next review: 07/07/2007
Dr B Hollins
12/06/2006 Medication review Due: 12/06/2007 Complete: 02/10/2007 by: Dr A [redacted] Next review: 02/10/2008
Dr A [redacted]
12/06/2006 Medication review Due: 12/06/2007 Complete: 12/06/2006 by: Dr A [redacted] Next review: 12/06/2007
Dr A [redacted]
12/06/2006 Medication review Due: 12/06/2007 Complete: 03/08/2007 by: Dr A [redacted] Next review: 03/08/2008
Dr A [redacted]
12/06/2006 Medication review Due: 12/06/2007 Complete: 12/06/2006 by: Dr A [redacted] Next review: 12/06/2007
Dr A [redacted]
18/05/2006 Medication review Due: 18/05/2007 Complete: 18/05/2006 by: Dr A [redacted] Next review: 18/05/2007
Dr A [redacted]
21/04/2006 Medication review Due: 21/04/2007 Complete: 21/04/2006 by: Dr [redacted] Next review: 21/04/2007
Dr [redacted]
27/03/2006 Medication review Due: 27/03/2007 Complete: 27/03/2006 by: Dr [redacted] Next review: 27/03/2007
Dr [redacted]
27/02/2006 Medication review Due: 27/02/2007 Complete: 27/02/2006 by: Dr A [redacted] Next review: 27/02/2007
Dr A [redacted]
26/01/2006 Medication review Due: 26/01/2007 Complete: 26/01/2006 by: Dr A [redacted] Next review: 26/01/2007
Dr A [redacted]
01/12/2005 Medication review Due: 01/12/2006 Complete: 01/12/2005 by: Dr B Hollins Next review: 01/12/2006
Dr B Hollins
06/10/2005 Medication review Due: 06/10/2006 Complete: 06/10/2005 by: Dr A [redacted] Next review: 06/10/2006
Dr A [redacted]
09/08/2005 Medication review Due: 09/08/2006 Complete: 09/08/2005 by: Dr A [redacted] Next review: 09/08/2006
Dr A [redacted]
08/06/2005 Medication review Due: 08/06/2006 Complete: 08/06/2005 by: Dr A [redacted] Next review: 08/06/2006
Dr A [redacted]

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **S282(2)1958/** **Transferred Out**

11/05/2005 Medication review Due: 11/05/2006 Complete: 11/05/2005 by: Dr A [redacted] Next review: 11/05/2006
Dr A [redacted]
12/04/2005 Medication review Due: 12/04/2006 Complete: 12/04/2005 by: Dr A [redacted] Next review: 12/04/2006
Dr A [redacted]
15/03/2005 Medication review Due: 15/03/2006 Complete: 15/03/2005 by: Dr B Hollins Next review: 15/03/2006
Dr B Hollins
13/01/2005 Medication review Due: 13/01/2006 Complete: 13/01/2005 by: Dr A [redacted] Next review: 13/01/2006
Dr A [redacted]
14/12/2004 Medication review Due: 14/12/2005 Complete: 14/12/2004 by: Dr A [redacted] Next review: 14/12/2005
Dr A [redacted]
15/10/2004 Medication review Due: 15/10/2005 Complete: 15/10/2004 by: Dr A [redacted] Next review: 15/10/2005
Dr A [redacted]
17/08/2004 Medication review Due: 17/08/2005 Complete: 17/08/2004 by: Dr A [redacted] Next review: 17/08/2005
Dr A [redacted]
21/06/2004 Medication review Due: 21/06/2005 Complete: 21/06/2004 by: Dr A [redacted] Next review: 21/06/2005
Dr A [redacted]
28/05/2004 Medication review Due: 28/05/2005 Complete: 28/05/2004 by: Dr A [redacted] Next review: 28/05/2005
Dr A [redacted]
29/03/2004 Medication review Due: 29/03/2005 Complete: 29/03/2004 by: Dr A [redacted] Next review: 29/03/2005
Dr A [redacted]
01/03/2004 Medication review Due: 01/03/2005 Complete: 01/03/2004 by: Dr A [redacted] Next review: 01/03/2005
Dr A [redacted]
02/02/2004 Medication review Due: 01/02/2005 Complete: 02/02/2004 by: Dr A [redacted] Next review: 01/02/2005
Dr A [redacted]
20/01/2004 Medication review Due: 19/01/2005 Complete: 20/01/2004 by: Dr A [redacted] Next review: 19/01/2005
Dr A [redacted]
05/01/2004 Medication review Due: 04/01/2005 Complete: 05/01/2004 by: Dr A [redacted] Next review: 04/01/2005
Dr A [redacted]
20/10/2003 Medication review Due: 19/10/2004 Complete: 20/10/2003 by: Dr A [redacted] Next review: 19/10/2004
Dr A [redacted]
13/06/2003 Medication review Due: 12/06/2004 Complete: 13/06/2003 by: Dr A [redacted] Next review: 12/06/2004
Dr A [redacted]
16/05/2003 Medication review Due: 15/05/2004 Complete: 16/05/2003 by: Dr A [redacted] Next review: 15/05/2004
Dr A [redacted]
21/04/2003 Medication review Due: 20/04/2004 Complete: 21/04/2003 by: Dr A [redacted] Next review: 20/04/2004
Dr A [redacted]
24/03/2003 Medication review Due: 23/03/2004 Complete: 24/03/2003 by: Dr A [redacted] Next review: 23/03/2004
Dr A [redacted]
24/02/2003 Medication review Due: 24/02/2004 Complete: 24/02/2003 by: Dr A [redacted] Next review: 24/02/2004
Dr A [redacted]
27/11/2002 Medication review Due: 27/11/2003 Complete: 27/11/2002 by: Dr A [redacted] Next review: 27/11/2003
Dr A [redacted]
31/10/2002 Medication review Due: 31/10/2003 Complete: 31/10/2002 by: Dr A [redacted] Next review: 31/10/2003
Dr A [redacted]
14/06/2002 Medication review Due: 14/06/2003 Complete: 14/06/2002 by: Dr A [redacted] Next review: 14/06/2003
Dr A [redacted]
17/05/2002 Medication review Due: 17/05/2003 Complete: 17/05/2002 by: Dr A [redacted] Next review: 17/05/2003
Dr A [redacted]
01/05/2002 Medication review Due: 01/05/2003 Complete: 01/05/2002 by: Dr C Flavahan Next review: 01/05/2003
Dr C Flavahan
29/11/2001 Medication review Due: 29/11/2002 Complete: 29/11/2001 by: Dr A [redacted] Next review: 29/11/2002
Dr A [redacted]
01/11/2001 Medication review Due: 01/11/2002 Complete: 01/11/2001 by: Dr A [redacted] Next review: 01/11/2002
Dr A [redacted]
26/10/2000 Medication review Due: 26/10/2001 Complete: 26/10/2000 by: Dr A [redacted] Next review: 26/10/2001
Dr A [redacted]
15/06/2000 Medication review Due: 15/06/2001 Complete: 15/06/2000 by: Dr A [redacted] Next review: 15/06/2001
Dr A [redacted]
18/05/2000 Medication review Due: 18/05/2001 Complete: 18/05/2000 by: Dr A [redacted] Next review: 18/05/2001
Dr A [redacted]

Glomerular Filtration Rate

29/05/2013	GFR calculated abbreviated MDRD	> 60 mL/min	GFR calculated abbreviatd MDRD -
30/11/2009	Glomerular filtration rate	> 60 mL/min	
30/07/2008	Glomerular filtration rate	> 60 mL/min	
14/02/2007	Share Manager: eGFR	= 60	
14/02/2007	SPICE Lab Results: eGFR	= 60	

Total patients for report 1

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Full Report

Mr Robert Beattie **19/05/1958** **Male** **Permanent**

Address
39 Craigie Drive. Dundee DD4 7PS Address Type: Main address

Problems
Currently Relevant Started: 25/10/2018 Ended:

Medical History

13/12/2018	De-registration of patient	Mrs Data Entry Reception
16/11/2018	Electronic general practitioner medical record received	Mrs Data Entry Reception
08/11/2018	Patient MRE received from HB	Mrs Data Entry Reception
05/11/2018	Administration NOS Patient does not live within boundary. Have spoken to patient and apologised for error. Patient will remain with practice for 8 days. PSD informed via [redacted] Dr [redacted] Rhatigan	
02/11/2018	Adhesive capsulitis of the shoulder Left	
02/11/2018	Scanned document Discharge/Summary Letter Kingscross Community Therapy	Mrs [redacted]
02/11/2018	Electronic general practitioner medical record received	Mrs Data Entry Reception
31/10/2018	Failed encounter with Dr Becky Forrester -JB	Dr [redacted] Rhatigan
25/10/2018	Refused new patient screen	Dr [redacted] Rhatigan

Consultation

13/12/2018	Administration	Mr Martyn Mcgechie
26/11/2018	Administration	Mr Martyn Mcgechie
20/11/2018	Administration	Mr Martyn Mcgechie
19/11/2018	Administration	Mr Martyn Mcgechie
16/11/2018	Administration	Mr Martyn Mcgechie
08/11/2018	Administration	Mr Martyn Mcgechie
05/11/2018	Third Party Consultation	Mrs [redacted]
05/11/2018	Administration	Miss Bernadette Phelan
05/11/2018	Administration	Miss Bernadette Phelan
02/11/2018	Administration	Mrs [redacted] Brough
31/10/2018	Other	Ms Jodi [redacted]
25/10/2018	Other	Ms [redacted]

Total patients for report 1

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NHS Tayside Communication to GP

Ward/Clinic		CHI	1905580037
Hospital	Constitution House	Surname	BEATTIE
Clinician	Maureen MacVicar	First Name	ROBERT
Date	22/04/2020	Address	39 CRAIGIE DRIVE DUNDEE DD4 7PS
		GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Alcohol dependence-drinking around 15 units/day

Comment/Recommendations: Suggest Thiamine 100mg TDS and Valupak multivitamin and mineral

Follow up by clinic required: Yes

Follow up by clinic required: I will keep telephone contact going

Specific Monitoring Required: No

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Maureen MacVicar | Psychiatrist | Tel: 01382 423444
Ninewells Switch Board Tel: 01382 660111

Page 1 of 1

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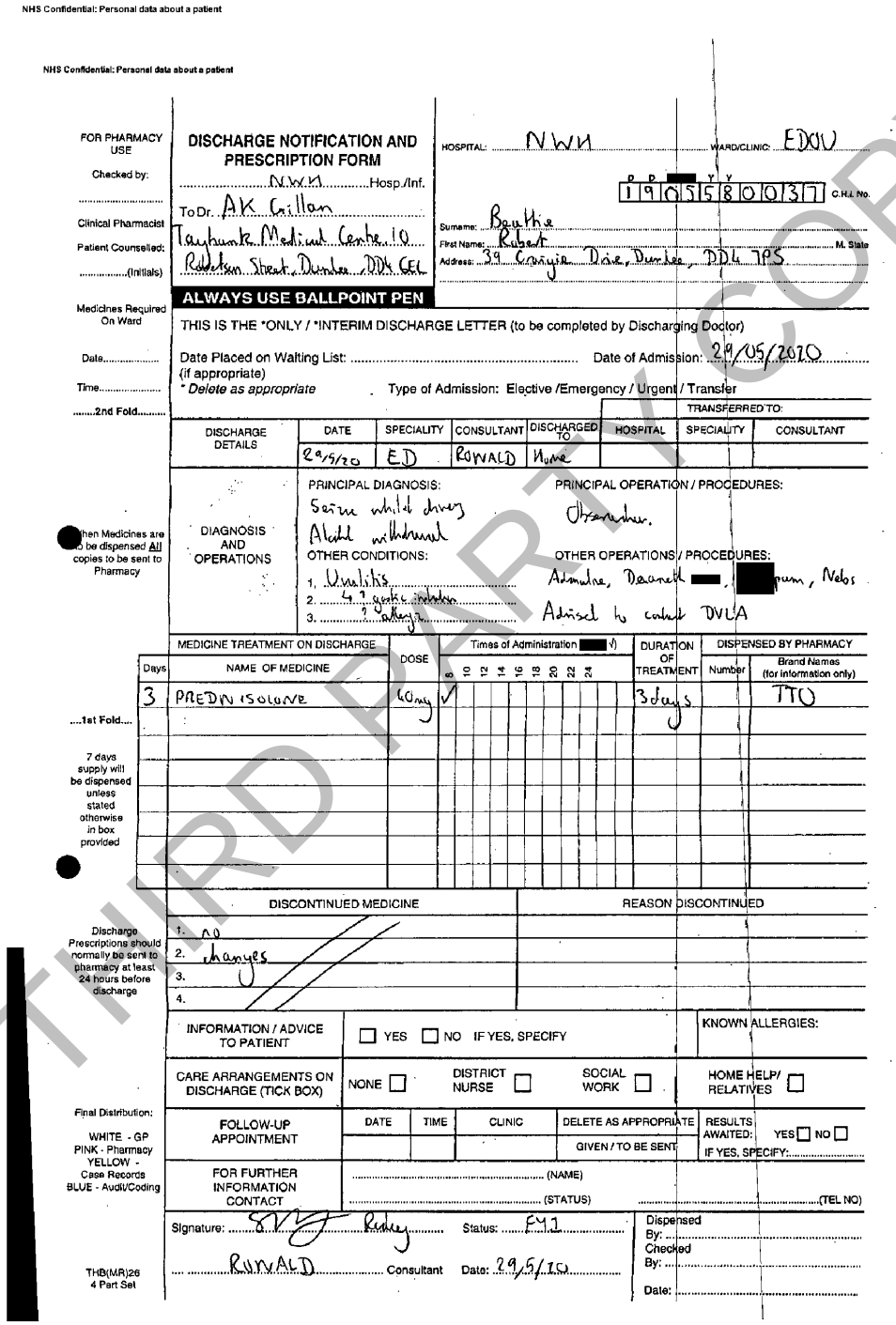

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

FOR PHARMACY USE
Checked by:
Clinical Pharmacist
Patient Counselled:
(Initials)
Medicines Required On Ward
Date
Time
2nd Fold

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

NWH Hosp./Inf.

To Dr. AK Gillan
Tayhunte Medical Centre, 10 Robertson Street, Dundee, DD4 6EL

HOSPITAL: NWH WARD/CLINIC: EDCU

D D Y Y
19 05 58 00 37 C.H.I. No.

Surname: Beattie
First Name: Robert M. State
Address: 39 Craigie Drive, Dundee, DD4 7RS

ALWAYS USE BALLPOINT PEN

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor)

Date Placed on Waiting List: (if appropriate) Date of Admission: 29/05/2020

*Delete as appropriate. Type of Admission: Elective /Emergency / Urgent / Transfer

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	29/5/20	ED	RONALD	Home			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Seizure whilst driving. Alcohol withdrawal

PRINCIPAL OPERATION / PROCEDURES: Observation.

OTHER CONDITIONS: 1. Urolithiasis 2. 4? gastric intubation 3. ? allergy

OTHER OPERATIONS / PROCEDURES: Admitted, Deaneth [redacted], [redacted]pam, Nebs. Advised to contact DVLA

When Medicines are to be dispensed All copies to be sent to Pharmacy

Days	MEDICINE TREATMENT ON DISCHARGE: NAME OF MEDICINE	DOSE	Times of Administration (8 10 12 14 16 18 20 22 24)	DURATION OF TREATMENT	DISPENSED BY PHARMACY: Number	Brand Names (for information only)
3	PREDNISOLONE	60mg	✓	3 days		TTO

7 days supply will be dispensed unless stated otherwise in box provided

DISCONTINUED MEDICINE	REASON DISCONTINUED
1. NO changes	
2.	
3.	
4.	

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge

[redacted]

INFORMATION / ADVICE TO PATIENT ☐ YES ☐ NO IF YES, SPECIFY

KNOWN ALLERGIES:

CARE ARRANGEMENTS ON DISCHARGE (TICK BOX) NONE ☐ DISTRICT NURSE ☐ SOCIAL WORK ☐ HOME HELP/ RELATIVES ☐

Final Distribution:
WHITE - GP
PINK - Pharmacy
YELLOW - Case Records
BLUE - Audit/Coding

FOLLOW-UP APPOINTMENT	DATE	TIME	CLINIC	DELETE AS APPROPRIATE GIVEN / TO BE SENT	RESULTS AWAITED: YES ☐ NO ☐ IF YES, SPECIFY:

FOR FURTHER INFORMATION CONTACT (NAME) (STATUS) (TEL NO)

Signature: [redacted] Status: FY1

RONALD Consultant Date: 29/5/20

Dispensed By:
Checked By:
Date:

THB(MR)26 4 Part Set

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C218949331
Taybank Medical Centre Clinician: Dr W.J. TAYLOR TAY1 TAYW1G

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	4.5	mmol/L	(3.5-5.3)	
CREATININE	83	umol/L	(62-106)	
ESTIMATED GFR	GT90	mL/min		
		eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	26	U/L	(5-55)	
BILIRUBINS	12	umol/L	(0-21)	
ALKALINE PHOSPHATASE	125	U/L	(30-130)	
ALBUMIN	36	g/L	(35-50)	
CALCIUM	2.35	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.36	mmol/L	(2.10-2.55)	
TSH	0.59	mU/L	(0.4-4.0)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
22 Dec 2021 10:30

Clin.Details: On T4? No
altered bowel habitr

Request Entered: 22 Dec 2021 11:47 Report Printed: 22 Dec 2021 12:37

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: G213649331

Taybank Medical Centre Clinician: Dr W.J. TAYLOR TMC1 TAYB15

C-REACTIVE PROTEIN	7	mg/L	(0-10)	
AKI	Not detected	May not exclude AKI in all cases		

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
22 Dec 2021 10:30

Clin.Details: On T4? No
altered bowel habitr

Request Entered: 22 Dec 2021 11:47 Report Printed: 22 Dec 2021 12:37

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H213648331
Taybank Medical Centre Clinician: Dr W.J. TAYLOR TW01 TAYW1G

HGB	171	g/L	(130-160)	WBC	5.6	x10^9/L	(4.0-11.0)
RBC	5.42	x10^12/L	(4.5-6.0)	NE#	4.1	x10^9/L	(2.0-7.5)
HCT	0.480		(0.40-0.52)	LY#	2.5	x10^9/L	(1.5-4.0)
MCV	90.5	fl	(85-105)	MO#	0.7	x10^9/L	(0.2-0.8)
MCH	31.6	pg	(27-32)	EO#	0.29	x10^9/L	(0.0-0.4)
MCC	348	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	218	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
22 Dec 2021 10:30

Clin.Details: Sx T4? No
altered bowel habitr

Request Entered: 22 Dec 2021 11:47 Report Printed: 22 Dec 2021 12:21

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NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Kings [redacted] Hospital Page 1 of 1

BEATTIE, ROBERT DoB : **19-May-1958**
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **171501**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL** CHI No. : **1905580037**
Referrer : DR SAMAIRA [redacted]

VERIFIED Verified By : DR T B [redacted] 25-Mar-2022
Typed By : DAWS 25-Mar-2022

Clinical History :

dob bite to thumb 3 weeks ago, ongoing pain and swelling, will be seen in plastics clinic mane - they would like an XR today if possible - thank you
ENTERED BY: [redacted]
BLEEP: 01382 461588

XR Thumb Rt :

Possible soft tissue swelling on the volar aspect of the distal phalanx.
Underlying IP joint OA with cyst formation in the proximal phalanx, but no radiographic evidence of osteomyelitis and no radio-opaque foreign body.

Event Number : E-6908972 Examination Date : **25-Mar-2022**
Copy To : , Attendance Number : 5
Examinations : **XR Thumb Rt**

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: G213652365
Taybank Medical Centre Clinician: Dr W.J. TAYLOR TW71 TAYW1G

QFIT 21 >> ugHb/g stool

Lab.Comments: Please Google 'Tayside Gastroenterology' for further guidance.

Sample is blood unless otherwise stated

Sample Date/Time
23 Dec 2021 12:51

Clin.Details: FIT reason: Altered bowel habit
altered bowel habitr

Request Entered: 23 Dec 2021 15:51 Report Printed: 24 Dec 2021 09:41

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Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NM)

Name: BEATTIE Robert Carlsson Sex: M PID: 1805580037 DoB: 18 May 1958
Lab No: C231324141
Taybank Medical Centre Clinician: Dr Samaira ALI TWC1 ALIS16

SODIUM	135	mmol/L	(133-146)	
POTASSIUM	5.0	mmol/L	(3.5-5.3)	
CREATININE	88	umol/L	(82-108)	
ESTIMATED GFR	GT90	mL/min		
		eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	21	U/L	(5-55)	
BILIRUBINS	11	umol/L	(0-21)	
ALKALINE PHOSPHATASE	122	U/L	(30-130)	
ALBUMIN	38	g/L	(35-50)	
CALCIUM	2.14	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.16	mmol/L	(2.10-2.55)	
C-REACTIVE PROTEIN	40.6 >	mg/L	(0.0-10.0)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
18 Sep 2023 08:53

Clin.Details: abdominal and back pain

Request Entered: 18 Sep 2023 12:05 Report Printed: 18 Sep 2023 12:55

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Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: G231324141

Taybank Medical Centre Clinic: [redacted] Dr Samaila ALI TWC1 ALIS16

Note new lower reporting range for CRP from 270922

AKI Not detected May not exclude AKI in all cases

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
18 Sep 2023 08:53

Clin.Details: abdominal and back pain

Request Entered: 18 Sep 2023 12:05 Report Printed: 18 Sep 2023 12:55

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H231324141
Taybank Medical Centre Clinician: Dr Samaira ALI TWC1 ALIS16

HGB	157	g/L	(130-160)	WBC	5.3	x10^9/L	(4.0-11.0)
RBC	5.41	x10^12/L	(4.5-6.0)	NE#	3.2	x10^9/L	(2.0-7.5)
HCT	0.494		(0.40-0.52)	LY#	2.0	x10^9/L	(1.5-4.0)
MCV	91.2	fl	(85-105)	MO#	0.8	x10^9/L	(0.2-0.8)
MCH	30.0	pg	(27-32)	EO#	0.26	x10^9/L	(0.0-0.4)
MCC	337	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	200	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
18 Sep 2023 08:53

Clin.Details: abdominal and back pain

Request Entered: 18 Sep 2023 12:05 Report Printed: 18 Sep 2023 12:47

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21-May-2026 ANDREA.TODD
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Filename: igprda202605211207340.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2313762T1
Taybank Medical Centre Clinician: Dr . GPST(E) TW71 GPSTE

ALKALINE PHOSPHATASE	99	U/L	(30-130)	
ALBUMIN	40	g/L	(35-50)	
CALCIUM	2.32	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.31 *	mmol/L	(2.10-2.55)	
TSH	0.51	mU/L	(0.4-4.0)	
PROTEINS	68	g/L	(60-80)	
C-REACTIVE PROTEIN	5.0	mg/L	(0.0-10.0)	
PROTEIN ELECTROPHORESIS	No monoclonal band detected. Myeloma cannot be excluded without a recent Bence-[redacted] protein. Please send an early morning urine if not requested in the last 12 months.			
FASTING GLUCOSE	6.8 *	mmol/L	(3.3-5.8)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Oct 2023 05:00

Clin.Details: On T4? No
Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from

Request Entered: 11 Oct 2023 12:22 Report Printed: 11 Oct 2023 17:18

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21-May-2026 ANDREA.TODD
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Filename: igprda202605211207330.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C231376271
Taybank Medical Centre Clinician: Dr . GPST(E) TW71 GPSTE

ALKALINE PHOSPHATASE	99	U/L	(30-130)	
ALBUMIN	40	g/L	(35-50)	
CALCIUM	2.32	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.31 *	mmol/L	(2.10-2.55)	
TSH	0.51	mU/L	(0.4-4.0)	
PROTEINS	69	g/L	(60-80)	
C-REACTIVE PROTEIN	5.0	mg/L	(0.0-10.0)	
FASTING GLUCOSE	8.6 >	mmol/L	(3.5-5.8)	
PROTEIN ELECTROPHORESIS	TO FOLLOW			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Oct 2023 05:00

Clin.Details: On T4? No
Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from

Request Entered: 11 Oct 2023 12:22 Report Printed: 11 Oct 2023 13:05

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Filename: igprda202605211207320_2.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2313763310
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

URINE PROTEIN/CREATININE	6	mg/mmol	(0.0-15.0)	
BENCE JONES PROTEIN (URIN TO FOLLOW				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Oct 2023 05:06

Clin.Details: Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from GP. I actually think this is indicated as concerned about ?

Request Entered: 11 Oct 2023 12:21 Report Printed: 11 Oct 2023 17:58

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Filename: igprda202605211207320.tif
Extension:.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: H231376271
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

HGB	172	g/L	(130-160)	WBC	6.8	x10^9/L	(4.0-11.0)
RBC	5.50	x10^12/L	(4.5-6.0)	NE#	3.6	x10^9/L	(2.0-7.5)
HCT	0.480		(0.40-0.52)	LY#	2.4	x10^9/L	(1.5-4.0)
MCV	89.2	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	31.3	pg	(27-32)	EO#	0.17	x10^9/L	(0.0-0.4)
MCC	351	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	225	x10^9/L	(150-400)
PV		1.70	mPa.s.	(1.5-1.72)			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Oct 2023 05:00

Clin.Details: Gt T4? No
Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from

Request Entered: 11 Oct 2023 12:22 Report Printed: 11 Oct 2023 13:30

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21-May-2026 ANDREA.TODD
Additional: Scanned Document

Filename: igprda202605211207310.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 19055800037 DoB: 19 May 1958
Lab No: C2313763310
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

URINE CREATININE	16.7	mmol/L		
URINE PROTEINS	0.107	g/L		
URINE PROTEIN/CREATININE	&	mg/mmol	(0.0-15.0)	

BENCE [redacted] PROTEIN (URIN BENCE [redacted] PROTEIN NOT DETECTED.

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
11 Oct 2023 05:06

Clin.Details: Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from GP. I actually think this is indicated as concerned about ?

Request Entered: 11 Oct 2023 12:21 Report Printed: 16 Oct 2023 08:34

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21-May-2026 ANDREA.TODD
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NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary Page 1 of 2

BEATTIE, ROBERT DoB : **19-May-1958**
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **171501**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL** CHI No. : **1905580037**
Referrer : GENERIC STB

VERIFIED Verified By : [redacted] PUCKETT (MEDICA) 04-Nov-2023
Typed By : MPUCKETT 04-Nov-2023

Clinical History :

wt loss + LUQ pain + diarrhea
ENTERED BY: Fatma Zaidan (Medical)

BLEEP: 01382 461588

Study date: 31/10/23
Study: CT chest abdomen and pelvis with IV contrast

Report:
The lungs and mediastinum are unremarkable.

Normal liver, adrenals, kidneys and spleen. There is generalised atrophy of the pancreas. No significant

Event Number : E-7490480 Examination Date : **31-Oct-2023**
Copy To : . Attendance Number : 1
Examinations : **CT Thorax & abdo & pelvis with contrast**

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NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary Page 2 of 2

BEATTIE, ROBERT
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : GENERIC STB

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

abdominal or pelvic lymphadenopathy. No malignant bony abnormality.
The small and large bowel is grossly normal.

Conclusion:
There is generalised atrophy of the pancreas. Does the patient have any symptoms of diabetes or malabsorption?
No radiological evidence of malignancy

Report Date: 4/11/23

Dr [redacted] Puckett
Consultant GI Radiologist
GMC 4318486
Medica Radiology Ltd

If you are a clinician and have a query on this report, please call Medica on 01424 377901 or email clinical@medica.co.uk
All correspondence via Medica Ltd

Event Number : E-7490480
Copy To : ,
Examinations : **CT Thorax & abdo & pelvis with contrast**

Examination Date : **31-Oct-2023**
Attendance Number : 1

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: C231487097
Taybank Medical Centre Clinician: Dr . GPST(D) TWC1 GPSTE

FAECAL ELASTASE	320	ug/g	(	200-1000	)

Lab.Comments: FAECAL ELASTASE analysed by WESTERN GENERAL EDINBURGH

Sample is blood unless otherwise stated

Sample Date/Time
20 Nov 2023 11:54

Clin.Details: ?pancreatic insuffiency. ?chronic diarrhea with background of pancreatitis, and radiological finding of atrophic pancreas)

Request Entered: 21 Nov 2023 15:50 Report Printed: 06 Dec 2023 14:45

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NHS Tayside Communication to GP

Ward/Clinic	ccts	CHI	1905580037
Hospital	--	Surname	BEATTIE
Clinician	June [redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	39 CRAIGIE DRIVE DUNDEE DD4 7PS
Date	14/12/2023	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: .

Comment/Recommendations: blood samples taken as per ice request

Follow up by clinic required: No

Specific Monitoring Required: No

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Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C231523856
Taybank Medical Centre Clinician: Dr [redacted] TW71 CC0616

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	5.0	mmol/L	(3.5-5.3)	
CREATININE	85	umol/L	(62-106)	
ESTIMATED GFR	>90	mL/min		

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

FASTING GLUCOSE	5.5	mmol/L	(3.3-5.8)	

Fasting glucose less than or equal to 6.0mmol/L, cascaded HbA1c not required.

AKI Not detected: May not exclude AKI in all cases

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
14 Dec 2023 05:17

Clin.Details: raised fasting gluc. ongoig diarrhoea

Request Entered: 14 Dec 2023 14:56 Report Printed: 14 Dec 2023 15:33

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21-May-2026 ANDREA.TODD
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (MW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H231523856
Taybank Medical Centre Clinician: Dr Sonia COOPER TWC1 COOLG

HGB	174	g/L	(130-160)	WBC	5.4	x10^9/L	(4.0-11.0)
RBC	5.46	x10^12/L	(4.5-6.0)	NE#	4.4	x10^9/L	(2.0-7.5)
HCT	0.511		(0.40-0.52)	LY#	2.3	x10^9/L	(1.5-4.0)
MCV	93.1	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	31.7	pg	(27-32)	EO#	0.25	x10^9/L	(0.0-0.4)
MCC	341	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	159	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
14 Dec 2023 05:17

Clin.Details: raised fasting gluc. ongoig diarrhoea

Request Entered: 14 Dec 2023 14:56 Report Printed: 14 Dec 2023 15:18

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101032285363M

REFERRAL TO

NeurologyAH
TAY General Referral v6.2 — Consultant / receiving practitioner and/or speciality clinic

Ninewells Hospital
Dundee
DD1 9SY — Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	26-Feb-2024
Date referral was submitted	26-Feb-2024
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
39 Craigie Drive
Craigiebank
Dundee
DD4 7PS

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	GHeron		
GMC code	7519001	GP code	-
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Headache

Comment: Dear Colleague,
I write to refer this 65-year-old gentleman who was previously known to your team with seizures. As you will see from the notes, Robert suffered with seizures a few years ago which seem to have been in relation to his alcohol misuse and subsequent withdrawal. He tells me that he has never had a seizure since 2021 despite not taking his epilepsy medication since that time. He also tells me that he has successfully managed to remain completely abstinent from alcohol since 2021. Robert does have a number of chronic pain issues including from his neck, which we have been trying to manage locally and for which I intend to submit a pain team referral. However, his main concern, which has been ongoing over the last few months, is of intractable headaches which are not amenable to analgesia. He is having these daily. They are unilateral on the right side and there is no associated visual change, focal neurology or vomiting. He denies any history of migraines or being prone to headaches prior to this. He denies any preceding head injury. I am currently titrating mirtazapine for other concerns of poor sleep and anxiety and I am hoping this might have some impact upon the headache symptoms but has not, thus far, unfortunately.
I would be grateful for your review, especially given his previous neurological history.
Kind Regards

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006

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Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Advice to GP to re-start patient medication	-	-	29-May-2020
Patient Advised to inform DVLA	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Propranolol Hydrochloride Tablets 40 mg	0204000R0AAAJAJ	28 tablet	ONE TO BE TAKEN DAILY	-	07-Feb-2024	42 Days
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	07-Feb-2024	42 Days

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

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21-May-2026 ANDREA.TODD
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NHS Tayside: Clinical Report - Ninewells Hospital

BEATTIE, ROBERT
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : GENERIC STE

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

VERIFIED Verified By : Prof GRAEME HOUSTON 08-Jan-2024
Typed By : DAWS 08-Jan-2024

Clinical History :

Ongoing symptoms of headache and extreme neck, thoracic and lumbar pain. Point tenderness on palpation around C6, T11 and L5. Note previous high CRP, high glucose (not previously diagnosed diabetic) and normal CT head via AMU and diagnosed with cervicalgia. I have requested MRI spine but doesn't allow me option of requesting MRI of the cervical spine from GP, I actually think this is indicated as concerned about ? discitis given level of pain, agitation and previous abnormal results. I am going to write to neurology re. this as pt has been under their care for seizure disorders in the past and is unmedicated so will ask if they can refer for MRI cervical spine. However, if this could be added sooner based on clinical hx I would appreciate it.
ENTERED BY: [redacted] Heron (medical)
BLEEP: 01382 461588

MRI Spine lumbar & sacral :

Event Number : E-7473207
Copy To : ,
Examinations : **MRI Spine lumbar & sacral,MRI Spine cervical**

Examination Date : **05-Jan-2024**
Attendance Number : 26

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NHS Tayside: Clinical Report - Ninewells Hospital

BEATTIE, ROBERT
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : GENERIC STE

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

Sagittal T1, T2 fast spin echo, axial T2 fast spin echo L3-S1.

The vertebral alignment is maintained. The conus is at the normal level. There is an anterior disc protrusion at T12/L1, but no evidence of significant conus compression.

Disc heights and signals are maintained.

On the axial images at L4/5, there is a small central disc protrusion with early mild spinal stenosis, but no clear evidence of significant root compression.

MRI Spine cervical :
Sagittal T1, T2 fast spin echo, axial T2 gradient C2-T1.

There is slight loss of the normal cervical lordosis. The craniocervical junction appears normal. Mid cervical spondylosis from C3-C7 with prominent osteophyte formation anteriorly from C4-C7.

Event Number : E-7473207
Copy To : ,
Examinations : **MRI Spine lumbar & sacral,MRI Spine cervical**

Examination Date : **05-Jan-2024**
Attendance Number : 26

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NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Ninewells Hospital Page 3 of 3

BEATTIE, ROBERT
39 CRAIGIE DRIVE, DUNDEE, DD4 7PS
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : GENERIC STE

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

On the axial images at C3/4, there is a left paracentral disc and osteophyte protrusion which compresses the left exiting root at this level and minimally impinges on the cord. No evidence of cord signal change, however.

At C6/7, there is a small central disc protrusion, but no evidence of dural, cord or root impingement.

Event Number : E-7473207
Copy To : ,
Examinations : **MRI Spine lumbar & sacral,MRI Spine cervical**

Examination Date : **05-Jan-2024**
Attendance Number : 26

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Filename: igprda202605211207160_2.tif
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Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: H241682278
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

HGB	168	g/L	(130-160)	WBC	6.4	x10^9/L	(4.0-11.0)
RBC	5.45	x10^12/L	(4.5-6.0)	NE#	3.7	x10^9/L	(2.0-7.5)
HCT	0.522 H		(0.40-0.52)	LY#	2.0	x10^9/L	(1.5-4.0)
MCV	95.7	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	30.7	pg	(27-32)	EO#	0.23	x10^9/L	(0.0-0.4)
MCC	321	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	150	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 Feb 2024 08:22

Clin.Details: On T4? No
Ongoing problems with headache, review LFTs prior to starting medication.

Request Entered: 15 Feb 2024 14:59 Report Printed: 15 Feb 2024 15:17

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Filename: igprda202605211207160.tif
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Pages:

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C241602278
Taybank Medical Centre Clinician: Dr . GPST(E) TWCL GPSTE

SODIUM	141	mmol/L	(133-146)	
POTASSIUM	4.6	mmol/L	(3.5-5.3)	
CREATININE	70	umol/L	(82-108)	
ESTIMATED GFR	GT90	mL/min		
		eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	20	U/L	(5-55)	
BILIRUBINS	16	umol/L	(0-21)	
ALKALINE PHOSPHATASE	103	U/L	(30-130)	
ALBUMIN	36	g/L	(35-50)	
TSH	0.58	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	6.8	mg/L	(0.0-10.0)	
GGT	31	U/L	(3-73)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 Feb 2024 08:22

Clin.Details: On T4? No
Ongoing problems with headache, review LFTs prior to starting medication.

Page 1 of 2

Request Entered: 15 Feb 2024 14:58 Report Printed: 16 Feb 2024 08:06

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: G241602278

Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

LFT results within iLFT reference intervals.

TOTAL CHOLESTEROL	3.73	mmol/L	(0.00-5.00)	
HDL-CHOLESTEROL	0.88	mmol/L	(0.80-2.50)	
TOTAL CHOL/HDL-CHOL	4.20	.		
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 Feb 2024 08:22

Clin.Details: On T4? No
Ongoing problems with headache, review LFTs [redacted] to starting medication.

Page 2 of 2

Request Entered: 15 Feb 2024 14:59 Report Printed: 16 Feb 2024 08:06

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
1010322858187

REFERRAL TO

Pain ManagementC31
TAY General Referral v6.2
— Consultant / receiving practitioner and/or speciality clinic

Ninewells Hospital
Dundee
DD1 9SY
— Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	26-Feb-2024
Date referral was submitted	26-Feb-2024
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
39 Craigie Drive
Craigiebank
Dundee
DD4 7PS

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	GHeron		
GMC code	7519001	GP code	-
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Chronic degenerative neck pain

Comment: Dear Colleague,
I write to refer the above 65-year-old gentleman who has been seen over the last year or so quite frequently with chronic pain in his neck due to inoperable degenerative changes. He has tried various types of analgesia including NSAIDs, co-codamol, amitriptyline, tramadol etc. as well as topicals with little effect. Of note, this gentleman has a history of tonic-clonic seizures secondary to previous alcohol misuse (he has been totally abstinent for around 3-4 years). He does not take any anti-epileptic medication currently having refused this from the neurologists due to side effects. He has been seizure free since remaining abstinent from alcohol.
I would be grateful if you could see him with a view to helping to managing his chronic, degenerative condition and would welcome advice regarding potential medication to trial in the meantime. I had considered starting him on duloxetine, however, he has been started on mirtazapine recently instead due to co-existent sleep problems and anxiety.
Kind Regards

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004

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Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Advice to GP to re-start patient medication	-	-	29-May-2020
Patient Advised to inform DVLA	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Propranolol Hydrochloride Tablets 40 mg	0204000R0AAAJAJ	28 tablet	ONE TO BE TAKEN DAILY	-	07-Feb-2024	42 Days
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	07-Feb-2024	42 Days

Clinical warnings

Allergies

Adverse reaction to Penicillins
H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Registered GP

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Signature of referring doctor (or other professional) Date

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NHS Tayside Communication to GP

Ward/Clinic	OPD	CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Dix	First Name	ROBERT
Specialty	GASTROENTEROLOGY	Address	39 CRAIGIE DRIVE DUNDEE DD4 7PS
Date	20/03/2024	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Likely pancreatic insufficiency given history, atrophic pancreas on scan. Felastase lower end of normal.

Comment/Recommendations: Trial of creon

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Creon 25,000	1-2 tabs	with meals	PEI	Longterm
2.	Creon 1000	1-2 tabs	with snacks	PEI	Longterm

Is any Medication to be discontinued: No

Hannah Dix | Specialty Registrar | Tel:01382[redacted]
Ninewells Switch Board Tel:01382 [redacted]

Page 1 of 1

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NHS Confidential: Personal data about a patient

NHS Tayside
Perth Royal Infirmary

Gastroscopy Report

NHS Tayside

Name	**BEATTIE, Robert Carlsson (Mr) 19-May-1958 (65y) (Male)**	Address	**39 Craigie Drive, Dundee, ANGU, DD4 7PS**	Hospital No.	**1905580037**
				CHI No.	**1905580037**
				Procedure Date	**03-Apr-2024 08:55**
				EMS Report Id	**173872**

Referral Details

Patient Category	**NHS/Outpatient/USC**
Referral Date	**02-Apr-2024**
Referral Source	**Gastro OP**
Registered GP	**[redacted] Gillan**

Referral Reasons

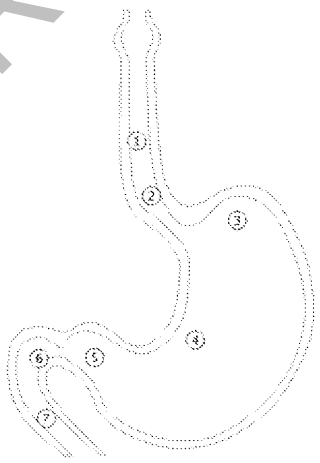
Reasons	**Weight loss**
	Other (Specify=previous PUD surgery)
Co-morbidities	**None**
Current Medication	**None**
ASA Status	**Not assessed**

Procedure Summary

Endoscopist	**Dr [redacted] Moncur**
Medication	**Throat Spray**
Extent of Exam	**Third part**
Route	**Oral**

[redacted]

Region: Oesophagus
1 - Middle oesophagus: (1 image)
2 - Lower oesophagus: (1 image)
Region: Stomach
3 - Fundus: (3 images)
4 - Middle body: (5 images)
5 - Antrum: (3 images)
Gastritis (Non erosive)
2 x Biopsy taken
Region: Duodenum
6 - Bulb: (2 images)
7 - Third part: (2 images)



Diagnosis (resultant of procedure)

Stomach - Gastritis (Non erosive), Stomach - Large volume food, Duodenum - Normal

Post Pathology Diagnosis

Awaiting Results

Procedure Comment

There was a large volume of food debris making poor views in places. I note no convincing gastroenterostomy. I suspect that the previous PUD surgery was a V&P. This may be the reason that the stomach had a lot of food debris. Currently on 40,000 units creon twice daily and may need to increase. If symptoms persist after this, then a gastric emptying study may be useful.

Action Management & Follow Up

Return to Referring Consultant

Dr [redacted] Moncur
CONSULTANT GASTROENTEROLOGIST

Recipients: **Patient, Case Notes**

MEDILOOK EMS Printed: 03-Apr-2024 09:10 | Report revision: 1

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NHS Tayside Communication to GP

Ward/Clinic	ccts	CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Brown	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	39 CRAIGIE DRIVE DUNDEE DD4 7PS
Date	19/04/2024	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: .

Comment/Recommendations: bloods taken as per ice request

Follow up by clinic required: No

Specific Monitoring Required: No

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NHS Tayside Communication to GP

Ward/Clinic	CTAC	CHI	1905580037
Hospital	Wallacetown Health Centre	Surname	BEATTIE
Clinician	[redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	39 CRAIGIE DRIVE DUNDEE DD4 7PS
Date	29/04/2024	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Blood test

Comment/Recommendations: Bloods taken as per ICE request

Follow up by clinic required: No

Specific Monitoring Required: No

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Cyan Anderson | Community Healthcare Assistant | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C241813154
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

FASTING GLUCOSE	8.7	>	mmol/L	(3.3-5.5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 Apr 2024 05:40

Clin.Details: Concerned about hypoglycaemia. Anxiety given previously high fasting glucose.

Request Entered: 19 Apr 2024 15:08 Report Printed: 19 Apr 2024 15:47

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C241834865

Taybank Medical Centre Clinician: Nurse Paul HENDRIE TWC1 HENP1N

FASTING GLUCOSE	8.1	> mmol/L	(3.3-5.5)	
Glucose result indicates impaired fasting glucose. See HbAlc result.				
HbAlc IFCC	TO FOLLOW			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 Apr 2024 11:08

Clin.Details: previous high fasting glucose.

Request Entered: 29 Apr 2024 14:55 Report Printed: 29 Apr 2024 15:38

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21-May-2026 ANDREA.TODD
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C241834865

Taybank Medical Centre Clinician: Nurse [redacted] HENDRIE TW71 HENE1N

HbA1c IFCC	46	mmol/mol	(Below 48)	
	HbA1c result indicates prediabetes but does NOT exclude diabetes diagnosed using glucose tests. *** Potential new diagnosis of prediabetes/diabetes. Code in patient record, set up recall and advise patient appropriately. See Staffnet - Tayside Diabetes MCN Handbook - Diagnosis - Section 4 for more information. ***			
FASTING GLUCOSE	6.1 >	mmol/L	(3.9-5.8)	
	Glucose result indicates impaired fasting glucose. See HbA1c result.			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 Apr 2024 11:08

Clin.Details: previous high fasting glucose.

Request Entered: 29 Apr 2024 14:55 Report Printed: 30 Apr 2024 11:43

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21-May-2026 ANDREA.TODD
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NHS Tayside

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Mr Robert Beattie
39 Craigie Drive
Dundee
[redacted]
DD4 7PS

Date	02/05/2024
Your Ref	26/04/2024
Our Ref	HMD/LAC/ 1905580037
Enquiries to	Ward 2 Secretaries
Extension	32307
Direct Line	01382 660111
Email	

Dear Mr Beattie

Robert Beattie, 39 Craigie Drive, Dundee, Angus, DD4 7PS DOB: 19/05/1958

I now have the results of you OGD and biopsies. The OGD showed some inflammation within the stomach due to increased acid and biopsies confirmed this. There was no evidence of H pylori which is a bug that can grow in the stomach and predispose you to ulcers.

I hope the addition of Creon to your medications with meals and snacks is helping with your diarrhoea symptoms. If things are still not under control we can consider increasing the Creon to 50,000 units with meals and 10,000 units with snacks.

I will book you another appointment in clinic to catch up with your symptoms.

Yours sincerely

Authorised on 08/05/2024 17:10:02 by Gastro [redacted] Maree Dix.

Dr H Dix
Specialist Registrar

(D) Dr A K Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
1010336026104

REFERRAL TO

Pain ManagementC31
TAY General Referral v6.2

Consultant / receiving practitioner and/or speciality clinic

Ninewells Hospital
Dundee
DD1 9SY

Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	11-Jul-2024
Date referral was submitted	11-Jul-2024
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr [redacted] Heron		
GMC code	7519001	GP code	-
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Chronic neck and back pain

Comment: I write to re-refer this gentleman who has been struggling with chronic neck and back pain secondary to spondylosis and degenerative changes for some time. This gentleman was I believe previously appointed but missed an appointment due to being in Hospital and was discharged from follow up. I wonder if he could be reappointed in due course.

Yours sincerely

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993

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Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Patient Advised to inform DVLA	-	-	29-May-2020
Advice to GP to re-start patient medication	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 10000 Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Nortriptyline Tablets 10 mg	0403010V0AAADAD	56 TABLET	TAKE ONE DAILY INCREASE TO 2 DAILY AFTER 1 WEEK	-	03-Jul-2024	42 Days
Laxido Orange Oral Powder Sachets Sugar Free	-	40 sachet	ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION	-	17-Jun-2024	42 Days
Codeine Phosphate Tablets 30 mg	0407020C0AAAEAE	112 tablet	ONE TABLET FOUR TIMES A DAY FOR PAIN	-	17-Jun-2024	42 Days
Creon 25000 Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	65 Days

Clinical warnings

Allergies

Adverse reaction to Penicillins
H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Resident GP

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Signature of referring doctor (or other professional) Date

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NHS Confidential. Personal data about a patient

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**88950**	Receive Date:	**14-Jun-2024 21:08**
Patient's Name:	**Robert Beattie**		
Date of birth:	**19-May-1958 (66 years)**	Gender:	**M**
Address:	**18 [redacted] Street** **Dundee** **DD4 7JG**	Current Address:	**18 [redacted] Street** **Dundee** **DD4 7JG**
Return Contact No:			
Tel No:	**07395 761564**		**07395 761564**
Mobile No:			
Priority:	**within 1 hour**	Call Origin:	**NHS24**
Received:	**14-Jun-2024 21:08**	Calltype:	**Attend OOH Appointment**
Advised:	**21:42**	Arrived PCC:	**14-Jun-2024 22:25**
Cons start:	**14-Jun-2024 22:26**	Cons End:	**14-Jun-2024 23:26**
Consulting Doctor:	**[redacted] [redacted]**	Own doctor:	**[redacted] Gillan**

Reported Condition:
ABDOMINAL PAIN 12 HOURS

Consultation details:

History - **66 year old**
5 days lower abdominal pain, left lower quadrant, worse tonight currently 8/10
he has been in bed for three days because of it,
sharp, no radiation, nothing makes it better or worse
no change in bowel motion, 6 x a day diarrhoea today which is not out of the ordinary for him, on treatment for supposed pancreatic insufficiency giving him chronic diarrhoea from atrophic pancreas, with creon
not eating much, some biscuits only and mashed potatoes
no urinary symptoms
never had pain like this before
recent investigations have been for chronic diarrhoea but no cause as yet identified,

Examination - **looks to be in pain**
RR 20 Sats 97%
HR 74 bp 125/84
temp 36.4
urinalysis alkaline Ph, +ve ketones
(negative blood,Leu, Nit)
tender to palpation left flank
midline incision scar from previous gastric ulcer operation
BM ketones <0.1
BM glucose 7.1

Diagnosis - **acute abdomen ? cause**

Treatment - **admission to ward 7 for further investigation**

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Many thanks

Followups:
Referred To Hospital

Clinical Codes:
1969. Abdominal pain

NHS24 details:
Disposition **Contact GP Practice within 4 Hours (ASAP)**
-

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NHS Tayside

Directorate of Public Health
NHS Tayside
Kings [redacted] Hospital
Clepington [redacted]
Dundee
DD3 8EA

Date 17/06/2024
Our Ref GT/LMM/ 1905580037
Enquiries to Adult Weight Management Services
Direct Line 01382 424195

PRIVATE & CONFIDENTIAL
Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Dear Robert Beattie

This is an invitation to receive a FREE Type 2 diabetes prevention programme offered to you by NHS Tayside

I am writing to you because you recently had a blood test which indicates that you have a condition called prediabetes. This does not mean that you have Type 2 diabetes, but does mean you are at high risk of developing it in future. Finding out that you have prediabetes may come as a surprise, but encouragingly, Type 2 diabetes can be prevented or delayed.

You may already have discussed the result of your blood test with your doctor or nurse, but if you have not, there is no need to worry. Your GP practice is aware that people with prediabetes will receive a letter inviting them to enrol in a Type 2 diabetes prevention programme. If you have already been diagnosed with diabetes, or are currently enrolled in a Type 2 diabetes prevention programme, please ignore this letter.

I would like to invite you to join an NHS Tayside approved Type 2 diabetes prevention programme. Please [redacted] the enclosed information leaflet, which provides information about prediabetes, the diabetes prevention programme, and how you can enrol. The programme is already supporting others in Tayside to prevent or delay Type 2 diabetes and the average weight loss is 6kg. You will also find information enclosed on joining the Metabolic Research Register, should you be interested in taking part in research.

Yours sincerely

Authorised on 17/06/2024 10:26:39 by Typist [redacted] [redacted] not verified by Consultant.

George [redacted]
Type 2 Diabetes Prevention Framework Programme Manager

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	15/06/2024	**Discharge**	15/06/2024
Specialty	General Surgery (excl Vascular)	**Consultant**	Mr Chandrasekar Vijayasekar (4697143)
From	Ward 7 (Acute Surgical Receiving Unit) Ninewells Hospital	**Destination**	Home

Diagnoses

Chronic Pancreatitis

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear doctor,

66M Robert presented with severe worsening LLQ pain for 5 days, no radiation, very focal. Constant with occasional crescendo.
Chronic pancreas pain usually epigastric and less severe than this, doesn't take regular analgesia.
Poor appetite for 6 months, able to keep food down. No N+V.

No fevers this episode although he had transient hot flushes. No night sweats. Weight loss 1.5 stone in half year.
Diarrhoea 6 months: watery loose greasy tan-coloured stools 4-10 daily. No blood. No constipation.
Seeing gastroenterologist for this and on creon 2500-5000 & 1000-2000. OGD Apr 24 (weight loss) non-erosive gastritis, and colonoscopy (diarrhoea, FIT 21) normal.

He improved progressively during his admission and is now feeling well and keen to go home. He was advsised to increase his Creon with snacks and was given safety netting advise.
He was reviewed by the surgical team and is now fit for discharge.

Thank you for your ongoing care of the patient in the community.

Kind regards,

Ward 7 team

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Codeine 15mg tablets	30mg	2 tablets four times a day for pain, max qds in 24hours		TTO	
Creon 10000 Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home	
Creon 25000 Capsules		1 WITH EACH MAIN MEAL, THREE TIMES A DAY		Own at Home	
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home	

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NHS | Initial Discharge Communication | NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home	
Laxido	1-2 sachets	1-2 sachets for constipation when needed		TTO	
Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home	
Mirtazapine 15 mg Tablets	15mg	1 AT BEDTIME		Own at Home	
paracetamol 500mg tablets	1000mg	Two tablets four times a day, max dose 4g/24hours.		Own at Home	

Discontinued Medication

Medication Notes

Allergies

Adverse reaction to Penicillins		05/06/2019
H/O: penicillin allergy		11/12/2018

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Santiago Trainor-Moss	FY1 2022	15/06/2024 13:58:07
Pharmacy Sign Off			
Final Sign Off			

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Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C242050510
Taybank Medical Centre Clinician: Dr . GPST(E) TW71 GPSTE

SODIUM	136	mmol/L	(133-146)	
POTASSIUM	4.0	mmol/L	(3.5-5.3)	
CREATININE	70	umol/L	(62-106)	
ESTIMATED GFR	>90	mL/min		

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	19	U/L	(5-55)	
BILIRUBINS	14	umol/L	(0-21)	
ALKALINE PHOSPHATASE	108	U/L	(30-130)	
ALBUMIN	37	g/L	(35-50)	
AMYLASE	39	U/L	(0-100)	
C-REACTIVE PROTEIN	5.5	mg/L	(0.0-10.0)	
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments: SLIGHTLY HAEMOLYSED

Sample is blood unless otherwise stated

Sample Date/Time
31 Jul 2024 14:14

Clin.Details: Having worsening abdo pain. hx chronic panc

Request Entered: 31 Jul 2024 18:05 Report Printed: 31 Jul 2024 19:45

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number
1010339955249

REFERRAL TO

Pain ManagementC31
TAY General Referral v6.2

Consultant / receiving practitioner and/or speciality clinic

Ninewells Hospital
Dundee
DD1 9SY

Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	23-Aug-2024
Date referral was submitted	23-Aug-2024
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Chronic neck and back pain

Comment: This patient was referred by my colleague on the 11th of June 2024. We have now received a letter back from you saying that his referral has been cancelled due to non return of pre clinic questionnaire. I have forwarded your response to our LMC as I believe the agreement is that patient's do not have to return a pre clinic questionnaire and this should not preclude them from having an appointment. There are many reasons people do not return clinic questionnaires and this should not discriminate from them having an appointment given to them. I would be grateful if he could be appointed and this back dated to when the initial referral was sent.

I will also write to the patient to ask him to return the questionnaire and to know to expect it. I appreciate it does give you lots of helpful information before his clinic appointment. And always encourage patient's to return it however I do not think his non return should mean that he is not given an appointment and as I say I have informed the LMC.

Yours sincerely

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007

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Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Patient Advised to inform DVLA	-	-	29-May-2020
Advice to GP to re-start patient medication	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 25000 Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	-
Creon 10000 Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Registered GP

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Signature of referring doctor (or other professional) Date

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Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H242050510
Taybank Medical Centre Clinician: Dr . GPST(E) TWC1 GPSTE

HGB	161	g/L	(130-160)	WBC	5.3	x10^9/L	(4.0-11.0)
RBC	5.18	x10^12/L	(4.5-6.0)	NE#	4.4	x10^9/L	(2.0-7.5)
HCT	0.489		(0.40-0.52)	LY#	2.3	x10^9/L	(1.5-4.0)
MCV	94.4	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	31.1	pg	(27-32)	EO#	0.23	x10^9/L	(0.0-0.4)
MCC	329	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	228	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
31 Jul 2024 14:14

Clin.Details: Having worsening abdo pain. hx chronic panc

Request Entered: 31 Jul 2024 18:05 Report Printed: 31 Jul 2024 13:18

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NHS Tayside Communication to GP

Ward/Clinic	ctac	CHI	1905580037
Hospital	--	Surname	BEATTIE
Clinician	June [redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	31/07/2024	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: blood samples taken from right arm first attempt

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

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NHS Tayside Communication to GP

Ward/Clinic	ctac	CHI	1905580037
Hospital	--	Surname	BEATTIE
Clinician	June [redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	01/08/2024	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: DNA blood test appointment

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

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TAYBANK MEDICAL CENTRE

10 [redacted] Street
Dundee. DD4 6EL

Tel - 01382 461588
[redacted] - 01382 452121

Ref: AG/AT/1905580037

23 08 2024

Mr Robert Carlsson Beattie
18 [redacted] Street
Dundee
Tayside
DD4 7JG

Dear Mr Beattie

My colleague Dr Heron referred you to the Pain Clinic. They have asked that you return a pre clinic questionnaire which they sent out to you and they have not received this back. It would be really helpful if you could return this to them as this gives them lots of information to help them to triage your appointment and work out what service might be best for you within the Pain Clinic. I would be grateful if you can return this to them.

Yours sincerely

Dr A Gillan
Taybank Medical Centre

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Dr R K Martin MBChB MRCGP | Dr W J [redacted] MBChB MRCGP | Dr S S Ali MBChB MRCGP | Dr L A Long MBChB MRCGP | Dr S M J Cooper MBChB MRCGP | Dr A K Gillan MBChB MRCGP | Dr R J Comfort MBChB MRCGP

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NHS Tayside

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Date	09/09/2024
Clinic Date	28/08/2024
Your Ref	
Our Ref	HD/CR/ 1905580037
Enquiries to	Lesley [redacted]
Extension	32307
Direct Line	01382660111
Email	

Dear Mr Beattie

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

I was hoping to catch up with you in the General GI Clinic today on 28/08/2024. Unfortunately you didn't attend. I have booked you another appointment, but if there are any barriers to you attending, or you do not wish to attend for this appointment, please contact the number on the top of this letter and cancel so we may use the slot for someone else.

Yours sincerely

Authorised on 12/09/2024 16:08:17 by Gastro [redacted] Maree Dix.

Dr H Dix
Consultant Gastroenterologist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number
1010344242312

REFERRAL TO

Pain ManagementC31
TAY General Referral v6.2

Consultant / receiving practitioner and/or specialty clinic

Ninewells Hospital
Dundee
DD1 9SY

Hospital and hospital address

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	08-Oct-2024
Date referral was submitted	08-Oct-2024
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

THIRD PARTY COPY

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Patient reinstatement

Comment: I have received your reply to our referral, saying that this patient's referral has been cancelled due to the non-return of the pre clinic questionnaire. As agreed previously, through the Local Medical Committee, this is not a reason for cancelling of referral and is discriminatory against patients who are unable to complete the pre clinic questionnaire. This is the second time that I have written to you about this, for this patient and I do see that he has DNAd several other appointments. I am not asking for him to be reinstated, at this stage but have copied your cancellation letter to the local medical committee. I will get in touch with the patient, to let him know that his appointment has been cancelled.

Yours sincerely

Dr A Gillan

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Uvulitis	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007

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Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Patient Advised to inform DVLA	-	-	29-May-2020
Advice to GP to re-start patient medication	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 25000 Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	-
Creon 10000 Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Registered GP

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Signature of referring doctor (or other professional) Date

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

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NHS Tayside

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Date	17/09/2024
Clinic Date	04/09/2024
Your Ref	
Our Ref	HMD/LLC/ 1905580037
Enquiries to	Ward 2 secretaries
Extension	32307
Direct Line	01382 632307
Email	tay.gastroadmin@nhs.scot

Dear Mr Beattie

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

You did not attend for your general GI clinic appointment today. I have rebooked another appointment for you but if you do not attend for this you will be discharged. We can only hope that the addition of Creon has improved your diarrhoea and if this is the case and you do not wish to be seen again, please cancel the next appointment on the above number so it may be used for someone else.

Yours sincerely

Authorised on 19/09/2024 08:31:54 by Gastro [redacted] Maree Dix.

Dr H Dix
Consultant Gastroenterologist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101034860039I

REFERRAL TO

Dundee Community Mental Health East TeamG1TC
TAY General Referral v6.2

Consultant / receiving practitioner and/or speciality clinic

Alloway Centre
1 Alloway Place
Dundee
DD4 8UA

Hospital and hospital address

Hospital unit no.: T353C

Email address: -

Date of Referral (set by referrer) 21-Nov-2024
Date referral was submitted 21-Nov-2024
Urgency of referral Urgent

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Money		
GMC code	7509761	GP code	78204
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

THIRD PARTY COPY

THIRD PARTY COPY

CLINICAL INFORMATION

History of presenting complaint / [redacted]mination findings / investigation results

Presenting complaint

Description: struggling with mental health, suicidal thoughts

Comment: Many thanks for assessing this 66 year old man with regards to his mental health. I have referred urgently given his suicidality.

Robert attended because of significant concerns about how he interacts with others and how quickly his mental health can change. His [redacted] had written a list of things she had noticed in him, such as being incapable of understanding the effects of his actions on others, causing way with people over trivial things, constantly switching behaviour like pressing a switch and making wild accusations. He agrees that he can very quickly become very angry about things and accuse people of things, and then just a short period of time later be totally fine. Because of these issues, he has kicked his [redacted] out of their home on two occasions. He doesn't understand why he acts like this and is seeking support as he wishes to change - he feels he is pushing away those that he cares about. He has got to the point now that he feels it is no longer worth living if this is how he treats the people closest to him, and describes frequent thoughts of ending his life, for example just downing a bottle of vodka. He has not acted on any of these thoughts recently.

He is on mirtazapine 15mg and has been for a number of years for low mood. He has a history of issues with alcohol but hasn't had any alcohol for a number of years now. He denies recreational drugs.

His [redacted] had written that she wondered about bipolar disorder. From the history and his presentation, I do not think this is the case, but I would wonder about the possibility of a personality disorder. I would therefore appreciate your further assessment.

Kind regards,
[redacted] Money
GP

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018

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Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Advice to GP to re-start patient medication	-	-	29-May-2020
Patient Advised to inform DVLA	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 25000 Gastro-resistant Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	-
Creon 10000 Gastro-resistant Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

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Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101034865080Q

REFERRAL TO

Psychiatry of Old AgeG4
TAY General Referral v6.2
— Consultant / receiving practitioner and/or speciality clinic

Kingsway Care Centre
Kings [redacted] Road
Dundee
DD2 3PT
— Hospital and hospital address

Hospital unit no. T322H

Email address -

Date of Referral (set by referrer) 21-Nov-2024
Date referral was submitted 21-Nov-2024
Urgency of referral Urgent

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s)
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s)
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Money		
GMC code	7509761	GP code	78204
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address
10 [redacted] Street
Dundee

Contact number(s)
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / [redacted]ination findings / investigation results

Presenting complaint

Description: struggling with mental health, suicidal thoughts

Comment: Please see attached referral - I referred to the Alloway Centre but they advised that as the patient is age >65, he should be referred to psychiatry of old age. Many thanks.

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Uvulitis	-	-	-	29-May-2020
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Alcohol withdrawal syndrome	-	-	-	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013
Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

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Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Advice to GP to re-start patient medication	-	-	29-May-2020
Patient Advised to inform DVLA	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Creon 25000 Gastro-resistant Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	-
Creon 10000 Gastro-resistant Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

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NHS Confidential: Personal data about a patient

NHS Tayside

AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

21/11/2024

Dear Colleague

Thank you for your referral. Please see the following outcome from the vetting process.

BACK TO REFERRER - CANCELLED

Patient Name: Robert Carlsson Beattie

CHI Number: 1905580037

Referral Date: 21/11/2024

Patient is 66 years of age. Please refer to appropriate team.

Yours sincerely

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	03/12/2024
Clinic Date	03/12/2024
Your Ref	
Our Ref	RS/BM/ 1905580037
Enquiries to	[redacted] Moffat
Extension	57248
Direct Line	01382 647248

Dear Dr Gillan

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Thank you for your recent referral regarding this 66 year old gentleman with concerns regarding behavioural issues, his challenging interaction with others and his suicidal thoughts.

Considering your urgent referral, he was seen by my nurse colleagues, Emmy MacKay and [redacted] on 27 November 2024 for an initial consultation. He was keen to engage and also start medication and thus I appointed him in my clinic for 3 December 2024. Unfortunately, he telephoned to cancel this appointment.

I understand that my CPN colleagues have booked in another appointment for him on 12 December 2024 and I will also try to offer him a further review appointment prior to Christmas.

Yours sincerely

Authorised on 03/12/2024 14:42:17 by Dr Rajesh Sekhri.
Dr Rajesh Sekhri
Consultant Psychiatrist

(P) Emmy Mackay, CMHN, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT
(P) [redacted] CMHN, Kingsway Care Centre, DD2 3PT

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT
www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	13/12/2024
Clinic Date	13/12/2024
Your Ref	
Our Ref	EMac/AF/ **1905580037**
Enquiries to	Angela Forbes
Extension	Extension 57296
Direct Line	DirectLine 647298
Email	Email

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

Mr Beattie did not attend his clinic appointment today, he later phoned to say he had forgotten to attend.

Follow-up

1. Mr Beattie has been offered a further appointment with Dr Sekhri on 20th December at 10am.

Yours sincerely

Authorised on 13/12/2024 15:30:36 by Emmy Mackay.

Emmy Mackay
Community Mental Health Nurse

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21-May-2026 ANDREA.TODD
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NHS Confidential: Personal data about a patient

NHS
Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Robert Beattie
18 [redacted] Street
Dundee
DD4 7JG

Date	23/12/2024
Clinic Date	23/12/2024
Your Ref	
Our Ref	RS/BM/ **1905580037**
Enquiries to	[redacted] Moffat
Extension	57248
Direct Line	01382 647248

Dear Robert Beattie

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

I am sorry that you could not attend you Outpatient appointment at Kingsway Care Centre on 20 December 2024. You phoned to cancel a previous appointment in the Outpatient Clinic on 3 December 2024 but you have also missed the appointment with nursing colleagues on 12 December 2024.

If you think that you would benefit from further input from Psychiatry of Old Age Services, please let us know by the end of January (Department phone 01382-647248) and we would be happy to offer you a further Outpatient appointment. If we do not hear from you then we will believe that you are not looking for further input from us at this stage and we will discharge you back to Primary Care.

Yours sincerely

Authorised on 24/12/2024 09:22:05 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL
(P) Emmy Mackay, CMHN, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT
(P) [redacted] CMHN, Kingsway Care Centre, DD2 3PT

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101035616176M

REFERRAL TO

Psychiatry of Old AgeG4
TAY General Referral v6.2

Consultant / receiving practitioner and/or speciality clinic

Kingsway Care Centre
Kings [redacted] Road
Dundee
DD2 3PT

Hospital and hospital address

Hospital unit no.: T322H

Email address: -

Date of Referral (set by referrer)	17-Feb-2025	**Armed Forces Personnel, Immediate Families & Veterans**	**Impairment(s)**
Date referral was submitted	17-Feb-2025	☐ On active service	☐ Learning
Urgency of referral	**Urgent**	☐ Condition related to service	☐ Visual
		☐ Immediate family member	☐ Hearing

Miscellaneous
Interpreter Required: None
Details of "Other" Language: None

PATIENT DETAILS

Surname	Beattie
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	19-May-1958
CHI no.	1905580037

Patient's address:
18 [redacted] Street
Dundee
DD4 7JG

Contact number(s):
Voice: 07923 654 468

REGISTERED GP DETAILS

Name	Dr. [redacted] Gillan		
GMC code	6103273	GP code	78778
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. [redacted] Money		
GMC code	7509761	GP code	78204
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / [redacted]mination findings / investigation results

Presenting complaint

Description: new onset of hearing voices and paranoia - for urgent assessment please

Comment: I referred this man urgent in November time and spoke over the phone to one of your team, with an appointment arranged for him within a few weeks. However, he missed a couple of appointments as he was physically unwell, and then tells me he never got the letter about his most recent appointment.

I spoke by phone today with him and his [redacted] (Kerry) and I am referring again urgently with a request for him to be seen today or tomorrow, and I have left my number with your admin team for the duty worker to call me back about this. Robert has now started to hear voices, whispering, too low for him to make out what they are saying. He accepts just now that he is hearing these, but when they are happening he is convinced they are real. He has also become paranoid that people are out to get him and has taken apart an electronic device at home as he was sure someone was spying on him using it. Kerry is understandably very worried about him and about him harming himself. Robert reports he doesn't have any thoughts of harming anyone currently, but that if he knew who was spying on him and talking about him he would have these thoughts. There is no history of recent alcohol or drug use. Robert over the phone this morning was coherent and able to answer my questions. The mobile number him and Kerry can be contacted on today is 07923 654 468. Robert is not housebound and is agreeable to psychiatric assessment, and Kerry can ensure he attends any appointment.

Many thanks,
[redacted] Money
GP

Examinations and Investigations

Ex-very heavy smoker (40+/day) :	23yrs ago of 100cpd.	2021-10-18
Stopped drinking alcohol :	1 yr ago after a year of v heavy drinking.	2021-10-18
Enjoys light exercise:		2018-12-11

Most recent height, weight, BMI and Blood Pressure

Height:	177	m	Recorded Date:	None provided
Weight:	93	Kg	Recorded Date:	None provided
BMI:	29.68	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	139/74	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Chronic pancreatitis	-	-	-	15-Jun-2024
Pre-diabetes	-	-	-	01-May-2024
Cervicalgia - pain in neck	-	-	-	15-Jun-2023
Neuralgia unspecified	-	-	OCCIPITAL (LIKELY)	08-Jun-2023
Full thickness rotator cuff tear (Right)	Right	-	-	01-Nov-2022
[X]Coronavirus infection, unspecified	-	-	-	16-Oct-2020
Alcohol withdrawal syndrome	-	-	-	29-May-2020
Uvulitis	-	-	-	29-May-2020
[D]Seizure NOS	-	-	SEIZURE WHILST DRIVING	29-May-2020
Alcohol dependence syndrome	-	-	-	15-Oct-2019
Adhesive capsulitis of the shoulder	-	-	LEFT	02-Nov-2018
Anxiousness	-	-	-	19-Jul-2018
Gastritis unspecified	-	-	-	14-Sep-2017
Temporomandibular joint disorders	-	-	-	24-Jan-2014
Had a fit	-	-	-	04-Sep-2013
Depressed mood	-	-	-	08-Mar-2013

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Cervicalgia - pain in neck	-	-	-	10-Jan-2013
Impotence	-	-	-	25-Jan-2008
[D]Insomnia NOS	-	-	-	02-Oct-2007
[D]Musculoskeletal chest pain	-	-	-	26-Sep-2007
Corneal ulcer	-	-	-	25-Nov-2006
Cellulitis of leg	-	-	-	19-Jul-2005
O/E - coordination	-	-	-	11-Oct-2004
Lateral epicondylitis of the elbow	-	-	-	13-Mar-1998
Corneal abrasion	-	-	-	03-Mar-1993
Oesophagitis	-	-	-	18-Jul-1992
Closed fracture zygoma	-	-	-	13-Dec-1987
Fracture of orbit NOS, closed	-	-	-	04-Aug-1984

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from outpatients	-	-	22-Mar-2024
Patient Advised to inform DVLA	-	-	29-May-2020
Advice to GP to re-start patient medication	-	-	29-May-2020
Reversal of vasectomy - unspecified	-	-	03-Aug-1988
Diagnostic endosc retrograde exam bile+pancreatic ducts NOS	-	-	12-Jun-1986
Bilateral vasectomy for contraception	-	-	24-Apr-1986
Vagotomy & pyloroplasty	-	-	29-Jun-1983
Exploratory laparotomy	-	-	20-May-1982
Emergency appendicectomy NEC	-	-	01-Jan-1977

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	8 tablet	TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY	-	10-Jan-2025	-
Creon 25000 Gastro-resistant Capsules	0109040N0BDABAQ	100 capsule	1 WITH EACH MAIN MEAL	-	28-May-2024	-
Creon 10000 Gastro-resistant Capsules	0109040N0BDADAU	300 capsule	ADJUST DOSE ACCORDING TO DIET	-	21-May-2024	-
Mirtazapine Tablets 15 mg	-	28 tablet	1 AT BEDTIME	-	20-Mar-2024	-
Ibuprofen Gel 10 %	-	100 gram	APPLY FOUR TIMES A DAY TO SORE AREAS	-	03-Nov-2023	-
Menthol In Aqueous Cream 1 %	-	100 gram	APPLY QID PRN	-	03-Nov-2023	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	1D	-	03-Nov-2023	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Adverse reaction to Penicillins

H/O: penicillin allergy

Additional relevant information

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Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

Tayside General Referral Protocol (Tayside, v6.2)/v3.16

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NHS Tayside

AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

31/12/2024

Dear Colleague

Thank you for your correspondence to Tayside Pain Service. Please see the following outcome from the vetting process.

BACK TO REFERRER - CANCELLED

Patient Name: Robert Carlsson Beattie

CHI Number: 1905580037

Referral Date: 08/10/2024

Your letter outlined agreement with LMC regarding a decision regarding the use of our opt-in questionnaire. I wondered if it would be possible to have a copy of this discussion? It is possible it was before my time as clinical lead as I am not aware of this.

There have, however, been numerous discussions in the past few years through the GP hub via Chronic Pain Service Improvement Group, chaired by Dr [redacted] around our use of the questionaire to encourage patient engagment and reduce DNA rates. Dr Scanlon was heavily invovled in discussions at the time to ensure we consdered issues around discrimination. There was subsequent agreement at this time that if patients unable to complete questionnaire then this should be identified at point of referral and expetions will be made. We currently for example make exeptions for patients attending the pain and dependency clinics due to literacy issues and chaotic lifestyles.

This is the only discussion and conclusion I am aware of so would be good if there is a different view on this held by LMC that we can discuss further and try to resolve?
In the meantime we are in the process of updating refguide and will ensure this information around questionnaire exemptoin is clearly visible to referrers.

Hope this is helpful.

disability confident LEADER

Everyone has the best care experience possible

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NHS Tayside

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Date	27/12/2024
Clinic Date	04/12/2024
Your Ref	
Our Ref	CM/LLC/ 1905580037
Enquiries to	Ward 2 secretaries
Extension	32307
Direct Line	01382 632307
Email	tay.gastroadmin@nhs.scot

Dear Mr Beattie

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

I apologise that you were not able to park at Ninewells on 4th of December. I will arrange for another appointment to be sent out.

Yours sincerely

Authorised on 30/12/2024 15:20:46 by Gastro [redacted] Maree Dix.

Dr H Dix
Consultant Gastroenterologist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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NHS
Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	31/01/2025
Clinic Date	30/01/2025
Your Ref	
Our Ref	RS/BM/ 1905580037
Enquiries to	[redacted] Moffat
Extension	57248
Direct Line	01382 647248

Dear Dr Gillan

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Mr Beattie did not attend his Outpatient appointment at Kingsway Care Centre on 30 January 2025. Considering his multiple failed attendances, we are left with no choice but to discharge him back to your care.

Yours sincerely

Authorised on 31/01/2025 15:19:43 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

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NHS Tayside Communication to GP

Ward/Clinic	Outpatient	CHI	1905580037
Hospital	Kingsway Care Centre	Surname	BEATTIE
Clinician	Rajesh Sekhri	First Name	ROBERT
Specialty	PSYCHIATRY OF OLD AGE	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	18/02/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is:
Psychosis (Paranoia)

Comment/Recommendations: I would recommend him be prescribed **Risperidone 500 micrograms** nocte.

Follow up by clinic required: Yes

Follow up by clinic required: CMHT follow up

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Risperidone	500 micrograms	One nocte	Psychosis	Ongoing

Is any Medication to be discontinued: No

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Rajesh Sekhri | Consultant | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Paycare Communication to GP

Name: BEATTIE ROBERT CHI: 1403760307 Clinic Date: 13/02/2026

Ward/Clinic: Outpatient

Further comment/Recommendations: Detailed letter to follow.

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Robert Gemmill | Consultant | Tel:01382 647249 Page 2 of 2
Ninewells Switch Board Tel:01382 660111

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NHS Confidential: Personal data about a patient

NHS
Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Dr AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 19/02/2025
Clinic Date 18/02/2025
Your Ref
Our Ref RS/BM/ 1905580037
Enquiries to [redacted] Moffat
Extension 57248
Direct Line 01382 647248

Dear Dr Money

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Diagnosis

1. Psychosis (hearing voices and paranoia)
2. Chronic pancreatitis
3. History of alcohol dependence syndrome
4. History of depression

Plan

1. Considering the recent onset of his symptoms, I would request an **urgent physical review and bloods** (full blood count, U&Es, LFTs, Calcium, Vitamin B12 and Folate)
2. I have requested an urgent CT head
3. I would request that he be started on Risperidone 0.5mgs nocte. He remains on Mirtazapine 15mgs nocte
4. Mr Beattie is going to liaise with you regarding pain management
5. I am requesting CPN follow up
6. As per my discussion with my CPN colleague, I will also arrange another Outpatient review in the coming weeks

Thank you for your request for an urgent review of this 66 year old gentleman who I met in clinic on 18 February 2025, when he attended the clinic along with his [redacted] Kerry. Mr CPN colleague, [redacted] Crosby was present during this consultation. Mr Beattie was previously referred in November 2024 with mental health issues and suicidal thoughts and was seen once by my nurse colleagues but following this he failed to attend multiple appointments.

Mr Beattie was difficult to engage with in clinic. He was restless, frequently holding his head in his hands or pressing his back and he was finding it hard to answer queries. He complained about severe headache and back pain along with confusion of what is happening to him. Mr Beattie and his [redacted] reported a change of behaviour and personality since November last year. He told that his symptoms are present since November but he was struggling to express what is happening to him. There seems to be a degree of fluctuation in his symptoms too. He said that he was hiding from others that he is also experiencing a constant humming noise like radio signal in his head. In addition, his [redacted] said that he has talked about having three people in the house when there was nobody around. Mr Beattie has also verbalised that electronic devices have been bugged in the house. When I asked about voices, he reported that he can hear human voices but cannot make out what these voices are saying. These voices are not talking to him but seem to be talking among themselves.

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NHS Tayside

Kerry reported that Mr Beattie has had anger issues for years but this behaviour and presentation is different. His situation is such that Kerry is either working from home or taking leave not losing sight of Mr Beattie. Mr Beattie continues to do some household work including cooking for his [redacted] and [redacted] Kerry said that he is not eating properly. His level of personal care has also changed and he is not looking after himself.

In addition, he is also expressing ideas of Kerry having an affair. When I enquired about this with Mr Beattie he said that he is unsure but these ideas do enter his mind. Mr Beattie has talked about somebody in the bathroom cupboard and thus finds it hard to go to the bathroom and his personal care has gone down.

Mr Beattie is reporting that he is frequently experiencing ideas of life not being worth living. Although he has no plans to harm himself or suicide, the ideas of just going into the water, etc do [redacted] his mind. He believes that his partner is his protective factor. He thinks that it is the guilt of putting his [redacted] through trouble is what leads to his passive ideas of questioning life's worth and him experiencing suicidal thoughts.

As I mentioned earlier Mr Beattie was very restless in clinic holding his head in his hands and sometimes holding his back. He had variable eye contact and, although he answers my queries with short answers, he was eager to end the interview.

Regarding his medical issues he is reporting constant pain and headaches. He has a history of alcohol dependence but said that he stopped consuming alcohol around five years back. He does not smoke and denied any use of drugs. Mr Beattie has only started to take Mirtazapine in the last 4-5 days.

Conclusion
Mr Beattie seems to have onset of psychotic symptoms from the end of last year it seems to be fluctuating in nature. The list of differential diagnosis is long and I would be thankful for an urgent physical review and general bloods to rule out any organic cause. I have also requested an urgent CT scan.

In the meanwhile, I would recommend that he be started on Risperidone 0.5mgs nocte in addition to Mirtazapine 15mgs which he has been taking for the last 4-5 days. I will request CPN follow up and I will also review him in the coming weeks.

Yours sincerely

Authorised on 20/02/2025 16:55:34 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) Duty Worker, CMHTOP EAST, Kingsway Care Centre, Dundee, DD2 3PT
(P) Lori [redacted] Team lead, CMHTOP EAST, Kingsway Care Centre, Dundee, DD2 3PT

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NHS Tayside

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 660111

www.nhstayside.scot.nhs.uk

Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Date	31/01/2025
Clinic Date	09/01/2025
Your Ref	
Our Ref	HD/LM/ **1905580037**
Enquiries to	General GI Secretary
Extension	33118
Direct Line	01382 660111
Email	Tay.gastroadmin@nhs.scot

Dear Robert Beattie

You failed to attend clinic again today. I have therefore discharged you.

Yours sincerely

Authorised on 21/02/2025 14:33:18 by Gastro [redacted] Maree Dix.

Dr H Dix
Consultant Gastroenterologist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRT) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H252531512
Taybank Medical Centre Clinician: Dr [redacted] MONEY TWC1 MCMA3G

HGB	187	g/L	(130-180)	WBC	6.8	x10^9/L	(4.0-11.0)
RBC	5.12	x10^12/L	(4.5-6.0)	NE#	4.1	x10^9/L	(2.0-7.5)
HCT	0.488		(0.40-0.52)	LY#	1.7	x10^9/L	(1.5-4.0)
MCV	97.3	fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	32.5 H	pg	(27-32)	EO#	0.42 H	x10^9/L	(0.0-0.4)
MCC	334	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	245	x10^9/L	(150-400)

B12	155 L	ng/l	(200-940)	
	Results may be unreliable if sample older than 48h			
Serum Folate	GT17.5 H	ug/l	(3.1-17.5)	

Lab.Comments: Borderline B12 ?significance. May represent true deficiency. Suggest correlate with clinical and laboratory features. (NB levels can be falsely low in Folate deficiency, pregnancy and patients on oral contraceptives).

Sample is blood unless otherwise stated

Sample Date/Time
25 Feb 2025 10:28

Clin.Details: Sq T4? No
New onset psychosis - ruling out physical trigger

Request Entered: 25 Feb 2025 16:11 Report Printed: 25 Feb 2025 17:28

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C252521512
Taybank Medical Centre Clinician: Dr [redacted] MONEY TWC1 MCMAS6

SODIUM	144	mmol/L	(133-146)	
POTASSIUM	4.4	mmol/L	(3.5-5.3)	
CREATININE	85	umol/L	(62-106)	
ESTIMATED GFR	GT60	mL/min		
		eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	20	U/L	(5-55)	
BILIRUBINS	5	umol/L	(0-21)	
ALKALINE PHOSPHATASE	122	U/L	(30-130)	
ALBUMIN	36	g/L	(35-50)	
CALCIUM	2.24	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.28	mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	8.2 >	mmol/L	(3.3-5.8)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
25 Feb 2025 10:28

Clin.Details: On T4? No
New onset psychosis - ruling out physical trigger

Page 1 of 2

Request Entered: 25 Feb 2025 16:11 Report Printed: 25 Feb 2025 17:28

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2552521512

Taybank Medical Centre Clinician: Dr Anne MONEY TMCL MONEY

TSH	0.87	mU/L	(0.4-4.0)	
AKI	Not detected	May not exclude AKI in all cases		

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
25 Feb 2025 10:28

Clin.Details: On T4? No
New onset psychosis - ruling out physical trigger

Page 2 of 2

Request Entered: 25 Feb 2025 18:11 Report Printed: 25 Feb 2025 17:28

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C252544556
Taybank Medical Centre Clinician: Dr Anne MONEY TW71 MCMA3G

FASTING GLUCOSE	7.5	>	mmol/L	(3.3-5.5)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
03 Mar 2025 08:48

Clin.Details: as per previous random result

Request Entered: 03 Mar 2025 11:56 Report Printed: 03 Mar 2025 12:28

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Date 12/03/2025
Clinic Date 06/03/2025
Your Ref
Our Ref RS/BM/ **1905580037**
Enquiries to [redacted] Moffat
Extension 57248
Direct Line 01382 647248

Dr AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Dear Dr Money

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Diagnosis

1. Psychosis (hearing voices and paranoia)
2. Chronic pancreatitis
3. History of alcohol dependence syndrome
4. History of depression

Plan

1. I would recommend the increase of **Risperidone to 1mg nocte**
2. He continues on Mirtazapine 15mgs nocte
3. The plan is for him to have a clinic appointment with a CPN on 17 March 2025

Mr Beattie attended his Outpatient appointment at Kingsway Care Centre on 6 March 2025 in the presence of his [redacted] Kerry. My CPN colleague, Ashley Crosby was present during this consultation. Thank you for organising bloods for this gentleman and I see he has been started on Cyanocobalamin too.

His [redacted] Kerry reported that overall he is better as compared to how he was presenting before, with Kerry making sure that he gets his medications every night. His episodes of agitation are decreasing in frequency. Kerry added that he was unsettled on the weekend asking to be out of the home most of the time. At times, he does verbalise thoughts of questioning life's worth and this is stressful for his [redacted] Kerry. She also reported that Mr Beattie can be paranoid about her and their children.

Mr Beattie engaged better than how he was during his last appointment. He himself reported that his mood is okay, though his sleep is variable. He said that he has not been physically well and he has lost a lot of weight and was also sick earlier in the morning of his appointment. When I enquired about Kerry's comments about him being paranoid about her, he said he cannot explain these feelings. He reported that he was not feeling the same in clinic and under no circumstances could harm Kerry or any family members. He denied any active suicidal thoughts or ideation but can experience thoughts of questioning life's worth. He himself believes that he is better than how he was when he last met me.

This gentleman has a difficult life history too. He somewhat boasted about having 30 children from various women before he met Kerry. He also mentioned that when his previous [redacted] was sleeping with his [redacted] he almost run him over. He has had issues with drugs and drink in the past but at present he is not drinking or taking any illicit substances. He continues to have significant pain issues and mentioned that painkillers would not work for him.

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NHS Tayside

Mr Beattie continues to show a complex presentation and I am glad that the bloods done so far and CT scan have been okay. It seems that his symptoms are resolving with current psychotropics and thus I would recommend the increase of Risperidone to 1mg nocte.

To gather a further background history and to monitor his presentation my CPN colleague has kindly offered him a further appointment on 17 March 2025.

Yours sincerely

Authorised on 12/03/2025 15:32:19 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Crosby, Community Mental Health Nurse, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT

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NHS Tayside Communication to GP

Ward/Clinic	Outpatient appointment	CHI	1905580037
Hospital	Kingsway Care Centre	Surname	BEATTIE
Clinician	Rajesh Sekhri	First Name	ROBERT
Specialty	PSYCHIATRY OF OLD AGE	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	06/03/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is:
Psychosis (hearing voices and paranoia)

Comment/Recommendations:
I would recommend the increase of Risperidone to 1mg nocte

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Risperidone	1mg	Once daily nocte	Psychosis	Ongoing

Is any Medication to be discontinued: No

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Rajesh Sekhri | Consultant | Tel:01382 647249
Ninewells Switch Board Tel:01382 660111

Page 1 of 2

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NHS Payable Communication to GP

Name: BEATTIE ROBERT CHI: [illegible] Clinic Date: 08/05/2025

Ward/Clinic: Outpatient appointment

Further comment/Recommendations:

He will have ongoing POA follow up.
Detailed letter on Portal.

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Robert Gemmell | Consultant | Tel:01382 647249
Ninewells Dundee Board Tel:01382 660111

Page 2 of 2

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT
www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	09/04/2025
Clinic Date	09/04/2025
Your Ref	
Our Ref	AC/AF/ 1905580037
Enquiries to	Angela Forbes
Extension	Extension 57296
Direct Line	DirectLine 01382 647296
Email	Email

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

Update letter

Mr Beattie did not attend his clinic appointment today. He later phoned to say he had forgotten to attend this. He also cancelled his previous appointment on 2nd April 2025 reporting he was feeling physically unwell and we arranged for his appointment today.I will discuss and update my colleagues at our MDT meeting in due course.

I hope this meets your approval please do not hesitate to contact me on the above details.

Yours sincerely

Authorised on 14/04/2025 08:09:02 by [redacted] Crosby.

[redacted] **Crosby**
Community Mental Health Nurse

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NHS Confidential: Personal data about a patient

NHS
Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	01/05/2025
Clinic Date	29/04/2025
Your Ref	
Our Ref	RS/BM/ 1905580037
Enquiries to	[redacted] Moffat
Extension	57248
Direct Line	01382 647248

Dear Dr Gillan

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Mr Beattie cancelled his Outpatient appointment at Kingsway Care Centre on 29 April 2025. I will liaise with my CPN colleague and the plan at this stage is to offer him a further outpatient appointment for review.

Yours sincerely

Authorised on 01/05/2025 11:34:00 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Crosby, CMHN, KCC

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT
www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	23/04/2025
Clinic Date	23/04/2025
Your Ref	
Our Ref	AC/AF/ 1905580037
Enquiries to	Angela Forbes
Extension	Extension 57298
Direct Line	DirectLine 01382 647298
Email	Email

Dear Dr Gillan

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

Clinical issues/Diagnosis

1. Psychosis (hearing voices and paranoia)
2. Personality issues (possible disorder)
3. Psychosocial issues
4. History of alcohol dependence syndrome
5. Chronic pancreatitis
6. History of depression

Psychotropic Medication

1. Risperidone 1g at night
2. Mirtazapine 15mg at night

Mr Beattie attended his outpatient appointment review as planned on the 23rd of April 2024. He appeared well kempt, dressed appropriately for the weather and season and recently shaven. There was no evidence of self neglect. He attended alone for this appointment without [redacted] Kerry which was unusual as she has always supported him to appointments.

He very quickly advised he had a "terrible weekend" reporting that he and his [redacted] had an argument over her making something to eat for herself and [redacted] but not for Mr Beattie. He advised that over the last few month's dynamics between him, Kerry and her [redacted] have been building due to living arrangements and the lack of help his [redacted] [redacted] provides with house hold tasks. Mr Beattie reports he had "enough" following a heated argument and took to drinking all of the remaining alcohol in the home (12 bottles of becks). Mr Beattie and his [redacted] have previously reported that he hasn't taken alcohol for around 5 years. He reports this only fuelled the situation further and that he then took all of his prescribed medication but was unable to specify which or how many due to being intoxicated at the time of this. He reports to have been verbally aggressive and threatening towards his partner and her [redacted] which a large blade (machete) during this time of intoxication. He reports to have not caused any physical harm to anyone and that he did not allow them back to the property following family intervention. Kerry and [redacted] are now [redacted] [redacted] a homeless unit. This incident has been reported and appropriate action has been taken.

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NHS Tayside

Mr Beattie states that he has no current plans to harm himself, Kerry or her [redacted] or anyone else and has feelings of guilt regarding the weekend's events. He advised no [redacted] involvement but stated "that could have been murder". Mr Beattie held awareness today in regards to alcohol consumption and impact on decision making, mental health, emotions and aggression. He reported to feel physically well despite taking alcohol and an unknown amount of medication over the weekend. Ther was no evidence of intoxication during interaction, he was orientated to time place and person. He denies any plans to take any further alcohol.

During appointment he appeared very calm in manner and held open body language. He at times did hold his head when discussing the events over the weekend and closed his eyes. Normal rate and tone of speech was noted. There was no evidence of him responding to unseen stimuli. He did appear to flick his fingers at times but no evidence of distress or aggression. During interactions Mr Beattie can at times boast about various elements of his life such as having many children, his history of violence and aggression, as well as his high libido.

Mr Beattie continues to have contact with his [redacted] at present and has since met with her in secret but notes her family are forcefully telling her not to, due to his aggression over the weekend and threats. Her family have stated they will no longer speak with her.

Currently Mr Beattie reports to have no further prescribed medication, we discussed the long term effects of not having prescribed medications on his mental health/physical health. He reports of received benefit from risperidone medication that this has slightly reduced his paranoia, suspicious behaviours and distress. He does continue to experience hearing whispering but not as intense as he previously did when he first presented to CMHTOP East. Mr Beattie denied any current suicidal ideation, plan or intent.

Mr Beattie reports to have lack of taste over last few months to have impacted on his weight stating he has lost 3 stone in the last 7 weeks. Encouragement given to attend GP practice regarding this and engage with appointments re his physical health which he openly advised he has not attended due to not getting letters. I would be grateful Mr Beattie can be kindly supported with this.

Plan

1. Discussed reducing risk of impulsive overdose and he agreed that I could discuss weekly dispensing with the GP practice which has been completed. Mr Beattie agreed to collect from the chosen pharmacy as he drives.
2. Furthermore he has completed suicide safety plan which he readily engaged with and took his own copy home.
3. The plan is for me to contact [redacted] to collect collateral history.
4. Mr Beattie will be offered further outpatient appointment (with Dr Sekhri)

Yours sincerely

Authorised on 09/05/2025 15:34:04 by Dr Rajesh Sekhri.

[redacted] **Crosby**
Community Mental Health Nurse

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT
www.nhstayside.scot.nhs.uk

Dr AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 16/05/2025
Clinic Date 15/05/2025
Your Ref
Our Ref RS/AG/ **1905580037**
Enquiries to [redacted] Goodfellow
Extension 57299
Direct Line 01382647299

Dear Dr Money

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

Clinical Issues/Diagnosis:

1. Episode of psychosis (hearing voices and paranoia)
2. Personality issues (possible disorder)
3. Psychosocial issues
4. History of alcohol dependence syndrome
5. Chronic pancreatitis
6. History of depression

Psychotropic Medication

1. Risperidone 1mg at night
2. Mirtazapine 15mg at night

Plan:

1. Mr Beattie will be offered further review at Kingsway Care Centre in approximately 4 weeks time. (Possibly joint review with me and CMHN present)

Mr Beattie attended his outpatient appointment at Kingsway Care Centre on 15th May 2025. My CPN colleague, [redacted] Glancy kindly joined me for this review in the absence of Mr Beattie's CPN, [redacted] Crosby.

Mr Beattie was regretful regarding the incident with his [redacted] last month where he threatened his [redacted] under the influence of alcohol. He reported he feels guilty about making her homeless. He highlighted the difficulties with Kerry's [redacted] who is 24 years old, was brewing for many months. He acknowledged that his [redacted] Kerry is now caught between her family who does not want her to have relations with him and Kerry's desire to continue the relationship with him. He is in touch with Kerry multiple times during the day and believes that he is spending more time with Kerry as compared to when they were together under the same roof.

Mr Beattie reports he is taken his psychiatric medications daily and it is resulting in an improvement in his mental state. He believes that his mind was playing tricks with him and mentioned that his symptoms (Hallucinations and distrusting others) have reduced considerably. He believes he is getting back to his normal. His sleep is disturbed as he has to get up a number of times in the night to urinate. He believes his appetite is not great and he does not have taste or smell for the last few months. He also complains about losing a lot of weight.

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NHS Tayside

Both subjectively and objectively Mr Beattie appeared in a better mental state. He engaged well, showing facial reactivity and appeared euthymic. There was no psychomotor retardation or agitation. He was not showing any thought disorder and there was no evidence reported or observed of perceptual disturbance. Mr Beattie denied having any self harm or suicidal thoughts at present. He also denied having any thoughts of harming others and was regretful regarding the incident as month with his [redacted]

Although he complained about pain he was not grimacing or showing any signs of pain while in clinic. He reported that he has not used any alcohol since the last incident. He denies consuming any illicit substances.

He was eager to finish the appointment after 20-25 minutes as he had another appointment with his Solicitor. We agreed for a further joint (with CPN) review at outpatient Clinic in approximately four weeks time.

Yours sincerely

Authorised on 16/05/2025 17:05:38 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Glancy, CMHN (East), Kingsway Care Centre, Kings [redacted] Rd, Dundee, DD2 3PT
(P) [redacted] Crosby, Community Mental Health Nurse, CMHTOP East, Dundee, DD2 3PT

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: H252734408
Taybank Medical Centre Clinician: Dr Rachael INNES TWC1 INNR2G

HGB	149	g/L	(130-160)	WBC	5.7	x10^9/L	(4.0-11.0)
RBC	4.86	x10^12/L	(4.5-6.0)	NE#	3.0	x10^9/L	(2.0-7.5)
HCT	0.446		(0.40-0.52)	LY#	1.9	x10^9/L	(1.5-4.0)
MCV	95.7	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	32.0	pg	(27-32)	EO#	0.43 H	x10^9/L	(0.0-0.4)
MCC	334	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	280	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Request Entered: 19 May 2025 19:00 Report Printed: 19 May 2025 20:11

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NM)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C252734408
Taybank Medical Centre Clinician: Dr Rachael INNES TWCL INNRCG

SODIUM	135	mmol/L	(	133-146	)
POTASSIUM	4.6	mmol/L	(	3.5-5.3	)
CREATININE	84	umol/L	(	82-108	)
ESTIMATED GFR	GT60	mL/min			

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

ALKALINE PHOSPHATASE	132 >	U/L	(	30-130	)
ALBUMIN	38	g/L	(	35-50	)
CALCIUM	2.33	mmol/L	(	2.10-2.55	)
CALCIUM (CORRECTED)	2.35	mmol/L	(	2.10-2.55	)
TSH	0.35 ↙	mU/L	(	0.4-4.0	)
PROTEINS	82	g/L	(	60-80	)
C-REACTIVE PROTEIN	3.1	mg/L	(	0.0-10.0	)

Lab.Comments: SLIGHTLY HAEMOLYSED

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Page 1 of 2

Request Entered: 19 May 2025 18:00 Report Printed: 20 May 2025 12:55

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: G253724408

Taybank Medical Centre Clinician: Dr Rachael INNES TWCL INNERS

PROSTATE SPECIFIC ANTIGEN	0.3	ug/L	(0-3.5)	
PROTEIN ELECTROPHORESIS	No monoclonal band detected. Myeloma cannot be excluded without a recent [redacted] protein. Please send an early morning urine if not requested in the last 12 months.			
FASTING GLUCOSE	11.0 >	mmol/L	(3.3-5.8)	
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Page 2 of 2

Request Entered: 19 May 2025 18:00 Report Printed: 20 May 2025 12:55

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2537244408

Taybank Medical Centre — Clinician: Dr Rachael INNES — TWCL INNERS

SODIUM	136		mmol/L	(133-146)	
POTASSIUM	4.6		mmol/L	(3.5-5.3)	
CREATININE	84		umol/L	(62-106)	
ESTIMATED GFR	>90		mL/min		
	eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.				
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALKALINE PHOSPHATASE	132	>	U/L	(30-130)	
ALBUMIN	38		g/L	(35-50)	
CALCIUM	2.33		mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.35		mmol/L	(2.10-2.55)	
TSH	0.35	<	mU/L	(0.4-4.0)	
PROTEINS	82		g/L	(60-80)	
C-REACTIVE PROTEIN	3.1		mg/L	(0.0-10.0)	

Lab.Comments: SLIGHTLY HAEMOLYSED

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Request Entered: 19 May 2025 18:00 Report Printed: 20 May 2025 07:44

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2527724408

Taybank Medical Centre Clinician: Dr Rachael INNES TWCL INNERS

PROSTATE SPECIFIC ANTIGEN	0.3	ug/L	(0-3.5)	
FASTING GLUCOSE	11.0 >	mmol/L	(3.3-5.8)	
AKI	Not detected: May not exclude AKI in all cases			
PROTEIN ELECTROPHORESIS	TO FOLLOW			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Request Entered: 19 May 2025 19:00 Report Printed: 20 May 2025 07:44

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1958
Lab No: C2527344410
Taybank Medical Centre Clinician: Dr Rachael INNES TW:1 INNR2G

URINE PROTEIN/CREATININE	19 >>	mg/mmol	(0.0-15.0)	
BENCE JONES PROTEIN (URIN TO FOLLOW				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: weight loss ?cause

Request Entered: 03 Jun 2025 15:42 Report Printed: 03 Jun 2025 16:20

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: C2527344410
Taybank Medical Centre Clinician: Dr Rachael INNES TW71 IN2R2G

URINE CREATININE	10.4	mmol/L			
URINE PROTEINS	0.193	g/L			
URINE PROTEIN/CREATININE	19	>> mg/mmol	(	0.0-15.0	)

BENCE JONES PROTEIN (URIN BENCE JONES PROTEIN NOT DETECTED.

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: weight loss ?cause

Request Entered: 03 Jun 2025 15:42 Report Printed: 04 Jun 2025 14:58

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Filename: igprda202605211206100.tif
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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01382 632539 Internal Ext.32539

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: 1232734408
Taybank Medical Centre Clinician: Dr Rachael INNES TW71 IN8R2G

IgA Tissue Transglutaminase	0.5	u/ml	(	0-4)

Lab.Comments: Important - a negative TTG result is only valid for out ruling coeliac disease if this individual is eating gluten containing foods twice a day, for the previous 6 weeks.

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: On Finasteride?: No
On T4?: No
weight loss ?cause

Request Entered: 19 May 2025 19:00 Report Printed: 21 May 2025 16:15

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: BEATTIE Robert Carlsson Sex: M PID: 1905580037 DoB: 19 May 1558
Lab No: C252734409

Taybank Medical Centre Clinician: Dr Rachael INNES TW71 IN8R2G

QFIT	NOT DETECTED

Lab.Comments: Please Google 'Tayside Gastroenterology' for further guidance.

Sample is blood unless otherwise stated

Sample Date/Time
19 May 2025 18:04

Clin.Details: FIT reason: Abdominal pain
weight loss ?cause

Request Entered: 03 Jun 2025 15:50 Report Printed: 05 Jun 2025 08:25

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	20/06/2025
Clinic Date	19/06/2025
Your Ref	
Our Ref	RS/SS/ 1905580037
Enquiries to	[redacted] Moffat
Extension	57248
Direct Line	01382 647248
Email	Email

Dear Dr Gillan

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

Mr Beattie phoned previously to cancel his Outpatient appointment at the Kingsway Care Centre on 19 June 2025 because of a recent bereavement. I would request my nursing colleagues to offer him a further appointment at the Kingsway Care Centre for review of his mental state.

Yours sincerely

Authorised on 20/06/2025 08:51:07 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Crosby, Community Mental Health Nurse, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT
(P) Mrs Lori [redacted] Team Leader, CMHTOP East, KCC, DD2 3PT (FIO)

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NHS Tayside: Clinical Report - Ninewells Hospital Page 1 of 3

BEATTIE, ROBERT DoB : **19-May-1958**
18 [redacted] STREET, DUNDEE, DD4 7JG Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **171501**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL** CHI No. : **1905580037**
Referrer : DR [redacted] INNES

VERIFIED Verified By : DR OSHADA JINADASA (MEDICA) 08-Aug-2025
Typed By : OJINADASA 08-Aug-2025

Clinical History :

4 st wight loss in 7 weeks, no appetite, diarrhoea, increasing SOB ?malignancy ?surce
ENTERED BY: Innes

BLEEP: 01382 461588
(Information via Order Comms)

Name of Procedure and Technique: CT chest, abdomen and pelvis with contrast

Comparison: CT of 31/10/2023

Findings:

Event Number : E-8193501 Examination Date : **07-Aug-2025**
Copy To : . Attendance Number : 28
Examinations : **CT Thorax & abdo & pelvis with contrast**

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NHS Tayside: Clinical Report - Ninewells Hospital Page 2 of 3

BEATTIE, ROBERT
18 [redacted] STREET, DUNDEE, DD4 7JG
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : DR [redacted] INNES

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

Chest:
No lower cervical, intrathoracic or axillary lymphadenopathy.
No central pulmonary embolus.
No malignant oesophageal wall thickening/mass.
No discrete lung lesion/finding on a background of mild upper lobe predominant emphysema to suggest a malignancy. No lobar consolidation or collapse. No significant pericardial or pleural effusion.

Abdomen and pelvis:
Normal spleen, adrenals, pancreas, gallbladder, biliary tree, kidneys and liver.
Unremarkable partially distended stomach.
No upper abdominal/retroperitoneal, pelvic, inguinal or mesenteric lymphadenopathy.
Unremarkable partially distended urinary bladder and prostate.
Mild colonic diverticulosis.

Bones:
No malignant osseous lesion.

Conclusion/recommendations:

Event Number : E-8193501
Copy To : ,
Examinations : **CT Thorax & abdo & pelvis with contrast**

Examination Date : **07-Aug-2025**
Attendance Number : 28

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NHS Tayside: Clinical Report - Ninewells Hospital Page 3 of 3

BEATTIE, ROBERT
18 [redacted] STREET, DUNDEE, DD4 7JG
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL**
Referrer : DR [redacted] INNES

DoB : **19-May-1958**
Hosp. No. :
CRIS No. : **171501**
CHI No. : **1905580037**

No evidence of a malignancy.

Dr Oshada Jinadasa . Consultant Radiologist, Medica Reporting Ltd

GMC: 6159282

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Event Number : E-8193501
Copy To : ,
Examinations : **CT Thorax & abdo & pelvis with contrast**

Examination Date : **07-Aug-2025**
Attendance Number : 28

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NHS Tayside: Clinical Report - Stracathro Hospital Page 1 of 1

BEATTIE, ROBERT DoB : **19-May-1958**
18 [redacted] STREET, DUNDEE, DD4 7JG Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **171501**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL** CHI No. : **1905580037**
Referrer : DR [redacted] INNES

VERIFIED Verified By : Auto Report 30-Jun-2025
Typed By : ACRAIGIE 30-Jun-2025

Clinical History :

4 st wight loss in 7 weeks, no appetite, diarrhoea, increasing SOB ?malignancy ?surce
ENTERED BY: Innes

BLEEP: 01382 461588

CT Thorax & abdo & pelvis with contrast :
We would like to inform you that this patient failed to arrive for their Radiology appointment. As this has been vetted as urgent we will send another appointment.

Did Not Attend :
As above.

Event Number : E-8145151 Examination Date : **27-Jun-2025**
Copy To : , Attendance Number : 2
Examinations : **CT Thorax & abdo & pelvis with contrast,Did Not Attend**

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NHS Tayside: Clinical Report - Stracathro Hospital Page 1 of 1

BEATTIE, ROBERT DoB : **19-May-1958**
18 [redacted] STREET, DUNDEE, DD4 7JG Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **171501**
Ref. Source : **TAYBANK MEDICAL CENTRE, 10 [redacted] STREET, DUNDEE, DD4 6EL** CHI No. : **1905580037**
Referrer : DR [redacted] INNES

VERIFIED Verified By : Auto Report 30-Jun-2025
Typed By : ACRAIGIE 30-Jun-2025

Clinical History :

4 st wight loss in 7 weeks, no appetite, diarrhoea, increasing SOB ?malignancy ?surce
ENTERED BY: Innes

BLEEP: 01382 461588

CT Thorax & abdo & pelvis with contrast :
We would like to inform you that this patient failed to arrive for their Radiology appointment. As this has been vetted as urgent we will send another appointment.

Did Not Attend :
As above.

Event Number : E-8145151 Examination Date : **27-Jun-2025**
Copy To : , Attendance Number : 2
Examinations : **CT Thorax & abdo & pelvis with contrast,Did Not Attend**

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NHS Tayside

Department of Neurology
Operational Unit
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 632910

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 13/10/2025
Clinic Date 12/10/2025
Your Ref
Our Ref TG/AC/ 1905580037
Enquiries to Neurology Secretary
Extension
Direct Line 01382 632910
Email

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, [redacted] DD4 7JG DOB: 19/05/1958

Thank you for referring Mr Beattie who is a 67 year old righthanded gentleman to the neurology clinic today. He has a diagnosis of previous depression with psychosis and epilepsy in the context of alcohol misuse. His current medications include Rispiridone, Mirtazapine and Lansoprazole 30 mg. He describes having headaches for 20-30 years.

He acknowledges having migraines over that period. The headaches he has been referred with have changed over the last few years. It is difficult to know exactly when they have changed but he described a headache that is pretty typical of what he has been experiencing on Friday before clinic. He was sitting watching television and without warning he developed severe shooting pain over the right side of his head which lasted for about 30 seconds but then it stopped and then came back several minutes later and would continue like this repeatedly over the course of the night. He managed to get to sleep but his sleep was of poor quality and the headaches were still there on the Saturday morning but abated by Saturday lunchtime. He felt a bit nauseous by Saturday lunchtime but was not nauseous or photophobic on Friday night. There were no associated autonomic symptoms so specifically no conjunctival injection, no ptosis or myosis that he could see and indeed these symptoms have remained very similar over the last few months, possibly years. He experiences these attacks of short lasting headaches once or twice in a week and they can occur again very unpredictably. During these he will tend to sit quietly rather than becoming restless. He describes no obvious migraine aura associated with these and no phonophoba. He acknowledges having more typical migraine headache for him about a month ago and has migraines once or twice a month but these are less frequent than the short lasting stabbing type headaches that he described which are more prevalent.

He describes no other focal neurological symptom. On examining him today his fundal appearances were normal. There was no scalp tenderness. His eye movements were within normal limits. I wondered whether he had some mild involuntary movements of his tongue however these were not consistent throughout the examination.

He had no tremor. He had normal power and reflexes in all four limbs. His reflexes were quite diminished generally though consistent with previous exposure to alcohol.

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The short lasting headaches are surprisingly difficult to categorise. They last about 30 seconds which potentially would place them within the bounds of a primary stabbing headache but the frequency of them occurring multiple times over the course of a night is less consistent with this. Nevertheless the symptoms are too short lasting to be a symptom of cluster headache or paroxysmal hemicrania and he does not describe any autonomic symptoms in association with this so I am unclear exactly how to classify the headaches though they do sound very much like a primary headache disorder in a man with longstanding migrainous headaches.

He has had a CT scan earlier this year which was within normal limits and examination today was also reassuring therefore I am not going to send him for further imaging. The headaches are also very longstanding. I think I would be reluctant to trial him on treatment for trigeminal autonomic cephalgia without evidence of more marked autonomic symptoms as these drugs (Indomethacin or Verapamil) tend to be associated with much more significant side effects. I do not think these would really be justifiable. It would be unusual in a cluster headache for someone to be able to sleep as well and although sleep is poor he is able to get to sleep despite the headaches. Therefore for the time being I do not think we should rush to any specific treatment for autonomic cephalgia in the absence of autonomic signs or symptoms in association with these short lasting headaches.

Pragmatically it would seem reasonable to try migraine prevention to see whether this in any way is related to his underlying migrainous predisposition. The standard migraine preventatives would seem relatively low risk in this context. Propranolol could be tried at 20 mg once daily increasing every 1-2 weeks by 20 mg aiming for 80 mg twice a day initially. Other options would include Candesartan at 4 mg increasing every 1-2 weeks by 2 mg aiming for 12-14 mg once daily.

These would be preventative drugs and he should expect if these are improving the headaches for a reduction in the frequency and intensity by about 50%.

I would avoid Topiramate in the context of is mood disorder but might consider Pizotifen 0.5 mg at night increasing every 2 weeks by 0.5 mg aiming for 1.5 mg if the first two approaches do not improve his headaches.

With kind regards.

Yours sincerely

Authorised on 02/11/2025 13:04:26 by Dr [redacted] Gilbertson WLI.

Dr [redacted] Gilbertson
Consultant Neurologist

(P) Robert Beattie, 18 [redacted] Street, Dundee, [redacted] DD4 7JG

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NHS Tayside

Emergency Department Ninewells Hospital

AK Gillan
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr Robert Beattie
18 [redacted] Street
Dundee
DD4 7JG

Date of Birth: 19/05/1958
ACHI Number: 1905580037
ED Attendance Number: E0000659021
No. of Previous Attendances: 0
Occupation:
[redacted]
Responsible Consultant:Dr [redacted]

The above patient attended the Emergency Department Ninewells Hospital on 16/10/2025 at 10:15 and was discharged with no follow up on 16/10/2025 at 12:01. The letter has been collated by [redacted] Moffat.

Diagnosis:		
Description	Body Site	Laterality
ED injury - soft tissue - Other Soft tissue injury		

Diagnosis Comments:

Notes for GP:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

ED Clinical Notes:
[redacted] Moffat 11.25
FY2

67M presents with left shoulder pain and bruising over biceps

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NHS Tayside

HPC
- on saturday afternoon patient felt and heard a crack of his left shoulder. Has been painful when moving the shoulder since
- yesterday noticed bruising over his biceps. Bruising becoming worse
- also complaining of tingling in his left hand/fingers

BG
- chronic pancreatitis
- alcohol dependence

DHx
- respiradone
- mirtazepine
- lansoprazole
- allergic to penicillin

SHx
- ex smoker
- not drank alcohol for several months

OE
L shouder - tender anterior joint line. Abduction limited to 180dg. Full ROM flexion and extsion
7cmx4cm bruise with assoc swelling over distal biceps
left bicep tendon can be palpated. No tenderness on palpation
no popeye sign
left hand neurovascularly intact. Power 5/5 median , ulnar , radial nerve. Sensation intact medial, ulnar, radial nerve.

IX - left shoulder XR: degenerative changes. No fracture

imp - soft tissue injury

Plan:
discharge with safety netting advice

Sr review - Dr [redacted]

ED Nurse Notes:

Yours sincerely

Emergency Department Ninewells Hospital

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NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] [redacted] Road
Dundee
DD2 3PT

Dr AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 15/10/2025
Clinic Date 28/10/2025
Your Ref
Our Ref RS/BM/ **1905580037**
Enquiries to [redacted] Moffat
Extension 57248
Direct Line 01382 647248

Dear Dr Money

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Mr Beattie did not attend his Outpatient appointment at Kingsway Care Centre on 30 September 2025. I understand that he attended the Reception at Kingsway Care Centre a couple of days later and asked if another appointment could be sent out. I also had a discussion with his CPN, [redacted] Crosby after him not attending his previous appointment and the plan is for us to review him again in my Outpatient Clinic in October after the return of his CPN from her leave. Mr Beattie is aware how to contact our services earlier, if needed.

My CPN colleague, [redacted] kindly updated me regarding Mr Beattie's presentation since my last review of him in May 2025. I understand that he lost his [redacted] who unfortunately passed away suddenly in June 2025. Mr Beattie also had an overdose of Risperidone probably 12-14 tablets which he disclosed to the team in July 2025 after a few weeks of overdose. He was offered an admission to Kingsway Care and was on the ward from 25th-29th July 2025. He was seen by my consultant colleague, Dr Karli Robb while he was on Ward 4. Mr Beattie continues to show a complex presentation with an episode of psychosis, personality issues, psychosocial issues, physical health concerns (history of seizures) and also has a history of alcohol/substance misuse.

He will be offered a further review in my Outpatient Clinic in the coming weeks.

Yours sincerely

Authorised on 21/10/2025 13:28:54 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Crosby, CPN, KCC

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NHS Tayside Communication to GP

Ward/Clinic	Outpatient	CHI	1905580037
Hospital	Kingsway Care Centre	Surname	BEATTIE
Clinician	Rajesh Sekhri	First Name	ROBERT
Specialty	PSYCHIATRY OF OLD AGE	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	28/10/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is:
Episode of psychosis (hearing voices and paranoia)
Possible overvalued ideas of jealousy

Comment/Recommendations:

I would recommend increase of Risperidone to 1.5mg nocte.

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Rajesh Sekhri | Consultant | Tel:01382 647249
Ninewells Switch Board Tel:01382 660111

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NHS Payable Communication to GP

Name: BEATTIE ROBERT CHI: [illegible] Clinic Date: 23/10/2025

Ward/Clinic: Outpatient

Further comment/Recommendations:

He will have further follow up from us in 6-8 weeks

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Report Sent | Consultant | Tel: 01382 647249 Page 2 of 2

Ninewells Switch Board Tel:01382 660111

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

Dr AR Money
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 03/11/2025
Clinic Date 28/10/2025
Your Ref
Our Ref RS/BM/ 1905580037
Enquiries to [redacted] Moffat
Extension 57248
Direct Line 01382 647248

Dear Dr Money

Robert Beattie, DOB: 19.05.58/0037
18 [redacted] Street, Dundee, DD4 7JG

Clinical Issues/Diagnosis:

1. Episode of psychosis (hearing voices and paranoia)
2. Possible overvalued ideas of jealousy
3. Personality issues (possible disorder)
4. Psychosocial issues
5. History of alcohol dependence syndrome
6. Chronic pancreatitis
7. History of depression

Psychotropic Medication

1. Risperidone 1mg at night
2. Mirtazapine 15mg at night

Plan

1. I would recommend the Risperidone dose to be increased to 1.5mgs at night
2. Mr Beattie will have another appointment with my nursing colleagues in the next 6-8 weeks

Mr Beattie attended his Outpatient appointment at Kingsway Care Centre on 28 October 2025. He was seen in the presence of my CPN colleague, [redacted] Crosby.

Mr Beattie started the consultation by telling us that he has a torn tendon in his left arm. When encouraged to discuss his mental health, he reported that his [redacted] has told him to explain that he continues to have paranoia especially when she is not around. Mr Beattie reported that he is hearing things in his head. It is only on persistent questioning that he mentioned that he hears a voice telling him "his [redacted] is having sex". He understands that this experience originates within his own mind. He has also noticed a car outside Kerry's house whenever he leaves. He thinks that Kerry might be unfaithful to him and this might be her [redacted] He does not have delusional conviction to his beliefs and sometimes struggles with his internal fight regarding Kerry being faithful or not. He understands that this can be just his mind causing him to think like this. He believes that Risperidone has helped and it has calmed him down. He is definitely getting a good sleep with Risperidone. Although he feels angry, he reported that even if it comes true that Kerry is having an affair, he has no ideas or thoughts of harming her or any other person. If in the future this comes out to be true, he would just walk away.

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NHS Tayside

Mr Beattie also talked about having a difficult time lately, especially since the death of his [redacted] He told that her post-mortem has indicated that she had a heart attack. As you are aware from my last letter, Mr Beattie also had an overdose of Risperidone which he disclosed to the team in July 2025 and had an admission to the ward in the same month. He denies any self-harm or suicidal thoughts and reports his [redacted] are his protective factors now. Mr Beattie also talked about his coin collection and his daily dog walking habit. There was no evidence of significant mood issues.

He engaged well during this consultation and a rapport was not difficult to establish. He assures us of his compliance with his medication and also that he is not consuming any alcohol or any other substance. With ongoing treatment and his readiness to engage, I believe that we are mitigating the risk of any self-harm or harm to others. He agreed to try a higher dose of Risperidone and thus my request to increase it to 1.5mgs nocte. He will have another appointment with my nursing colleagues in 6-8 weeks time.

Yours sincerely

Authorised on 04/11/2025 15:04:18 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] *Crosby, CMHN, KCC*

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NHS Tayside

Emergency Department Ninewells Hospital

AK Gillan
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr Robert Beattie
18 [redacted] Street
Dundee
DD4 7JG

Date of Birth: 19/05/1958
ACHI Number: 1905580037
ED Attendance Number: E0000674315
No. of Previous Attendances: 1
Occupation:
[redacted]
Responsible Consultant:Dr [redacted] Skelly

The above patient attended the Emergency Department Ninewells Hospital on 16/12/2025 at 18:33 and was discharged with no follow up on 16/12/2025 at 21:53. The letter has been collated by [redacted] Brown.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Left before clinical assessment		

Diagnosis Comments:

Notes for GP:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

ED Clinical Notes:

ED Nurse Notes:

Created on 16/12/2025 21:53 by Dr [redacted] [redacted] Version 1 Page 1 of 2

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NHS Tayside

Yours sincerely

Emergency Department Ninewells Hospital

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NHS Tayside

Emergency Department Ninewells Hospital

AK Gillan
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr Robert Beattie
18 [redacted] Street
Dundee
DD4 7JG

Date of Birth: 19/05/1958
ACHI Number: 1905580037
ED Attendance Number: E0000674437
No. of Previous Attendances: 2
Occupation:
[redacted]
Responsible Consultant:Dr [redacted] Baird

The above patient attended the Emergency Department Ninewells Hospital on 17/12/2025 at 11:43 and was admitted on 17/12/2025 at 15:02. The letter has been collated by Shaimi Niraula.

Diagnosis:		
Description	Body Site	Laterality
ED injury - bone and joint - Closed fracture		

Diagnosis Comments:
1. Left orbital floor fracture
2. Left radius divot fracture

Notes for GP:

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

ED Clinical Notes:
S. Niraula
12:58

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NHS Tayside

67M
Two separate incidents:

1. Friday: Tripped over his dog, fell and hit his left eye on plastic coffee table. Also injured his shoulder. Developed bloodshot red eye, pain over the left shoulder. Developed left sided facial droop.
Denies head injury, LOC, vomiting, remembers everything. No bleeding or fluids from eye/ear/nose.

2. Sunday: Was fixing a car, the [redacted] slipped left wrist got caught under the car. has sustained 2 lacerations over the left proximal forearm.

O/E:
Alert, oriented
GCS 15

- Left eye: subcojunctival haemorrhage covering whole eye. Bruised periorbital area. [redacted] normal eye movements, no diplopia or nystagmus.
Tenderness over the orbital floor, sensation intact.
- No dysphasia
- left sided facial droop however active facial movements.
- facial sensation intact

- Left shoulder: unable to lift the left shoulder fully, normal range of motion shoulder but painful.
Very tender lateral end of left clavicle. bruise noted

- 2X laceration over the proximal forearm dorsally. The proximal one is almost healed. The distal wound looks mucky, wound floor visible, no tendon/ligament visible. granulation tissue developed over the edge. Clear serous fluid leaking were pressure applied around the wound
Wrist flexion intact, some resistance to wrist extension, normal supination and pronation.
Reduced sensation over left compared to right forearm and hand.
- Able to make a fist, but grip strength reduced.
- Normal median/radial/ulnar nerve examination.

- Power 5/5 all limbs.

IMP;
? left orbital floor fracture
? left Clavicle fracture
? Left radius fracture
- Infected laceration left wound

INV;
Xray Left shoulder: Nil fracture or dislocation
XRay Facial bones: Fracture left orbital floor
Xray left wrist: Divot fracture distal radius

Discussed with Dr mackinlay who reviewed the patient: Advised CT head and CT facial bone ? base of skull fracture ? maxilla fracture left
- Metronidazole and doxycycline for the wound infection

Treatment:
- ABx
- EDOU to wait for CT

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NHS Tayside

ED Nurse Notes:
1451 [redacted] Richmond RN
Nursing Assessment/Social History
[redacted] home alone
usually indpendant
-indepedantly mobile
Initial Interventions dressing, abx, news , analgesia
NEWS Score –
Covid screen required – n
Nameband – Y red

No medication brought with patient
Pt accepts responsibility for belongings/valuables. – Yes
admit to edou to await ct scan- handover given to ward nurse
Prepared for admission by ER
Interventions as above
NEWS on admission
Does the patient agree with the plan Yes
[redacted] aware of plan for admission Yes he had advised family
Wellbeing form completed - n/a
Adult Support and Protection referral completed - n/a
Falls referral completed – n/a

Patient transferred to ward on chair
Escort required – N escort ER

Yours sincerely

Emergency Department Ninewells Hospital

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NHS Tayside

AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

18/12/2025

Dear Colleague

Please see the following outcome from the vetting process.

Patient Name: Robert Carlsson Beattie
CHI Number: 1905580037
Referral Date: 18/12/2025

Referral Source: General Practitioner

Referral Priority was: Urgent
Vetted Priority is: Urgent

GENERAL OMFS CLINIC URGENT
Vetted By: Oral and Maxillofacial Surgery

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

Comment (Please add comments below for the referrer as required)

Yours sincerely
Mr [redacted] Ng

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NHS Tayside Communication to GP

Ward/Clinic		CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Oyewusi	First Name	ROBERT
Specialty	ACCIDENT & EMERGENCY	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	17/12/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Mechanical fall resulting in left orbital floor fracure and left zygomatic arch fracture.

Comment/Recommendations: Dear Colleague,
Robert attended the Emergency Department Observational Unit to await the result of his CT.
CT revealed left orbital floor fracture, lateral orbital fracture, left zygomatic arch fracture. She has been discussed with maxfax.
He has now been discharged with antibiotics and will be seen by the maxilofacial team tomorrow in the outpatient clinic.
Many thanks for your continued help.

Kind regards,
EDOU team

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Esther Oyewusi | FY1 2025 | Tel:01382 660111
Ninewells Switch Board Tel:01382 660111

Page 1 of 1

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	19/12/2025	**Discharge**	20/12/2025
Specialty	Oral and Maxillofacial Surgery	**Consultant**	Mr [redacted] McAllister (7134025)
From	Ward 26 Ninewells Hospital	**Destination**	Home

Diagnoses

Displaced Left zygomatic maxillary complex fracture

Operations/Procedures

ORIF - Open reduction and internal fixation of fracture and Gilles lift	20/12/2025

Actions Required for Primary Care

Communication to Primary Care

Mr Beattie was admitted to Ward 26 Ninewells hospital and was placed on CEPOD to have his Left Zygomatic maxillary complex fracture repaired.
He Had a Gilles lift and ORIF done under GA with no complications. He had a stat dose of steroids and IV Antibiotics during the surgewry. He was kept on the ward for at least six hours post-op for eye observations.
He was happily discahrged home with a follow up with Dr greenhill in two weeks.

Advice: Please avoid any contact sports, Please avpid any further trauma to the area, can eat and drink as tolerated.
Any concerns or issues please get in contact with the Maxfax team at Ninewells we have cover 24/7.

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Co-Codamol 30/500 Tablets		2 QID		Own at Home	
Creon 10000 Gastro-resistant Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home	
Creon 25000 Gastro-resistant Capsules		1 WITH EACH MAIN MEAL		Own at Home	
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home	
Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home	
Laxido Orange Oral Powder Sachets Sugar Free		ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION		Own at Home	
Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home	
Mirtazapine 15 mg Tablets		1 AT BEDTIME		Own at Home	

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NHS | Initial Discharge Communication | NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 18 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Nystatin 100,000 units/ml Oral suspension		1ML QDS AFTER FOOD FOR 7 DAYS		Own at Home	
Propranolol Hydrochloride 10 mg Tablets		20MG ONCE DAILY - DISPENSE WEEKLY		Own at Home	
Propranolol Hydrochloride 10 mg Tablets		20MG TWICE DAILY - DISPENSE WEEKLY		Own at Home	
Risperidone 1 mg Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY		Own at Home	
Risperidone 500 micrograms Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY		Own at Home	
Sildenafil Citrate 100 mg Tablets		TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS		Own at Home	

Discontinued Medication

Medication Notes

Allergies

H/O: penicillin allergy		11/12/2018
Adverse reaction to Penicillins		05/06/2019

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Sami Sartawi	Doctor	20/12/2025 12:47:06
Pharmacy Sign Off			
Final Sign Off			

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NHS Tayside Communication to GP

Ward/Clinic		CHI	1905580037
Hospital	Terra Nova House Medical Practice	Surname	BEATTIE
Clinician	[redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	27/12/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Pt attended KXH WCC for 1st r/v of laceration to left wrist,. Wrist has a radial fracture sustained when a car [redacted] fell on wrist. Wrist not splinted by orthopaedics. Looks painful and displaced but he has been reviewed by them since initial injury. Linear wound 2cm x 0.5cm. 100% slough with red periskin. No other signs of infection. Dressed with urgoclean to debride and KD border for absorption. For r/v CTAC 1 week and 1 spare dressing given for self-care if necessary before then.

Comment/Recommendations: Will contact service if any problems before then.

Follow up by clinic required: No

Specific Monitoring Required: No

Lucy Riley | Registered Nurse Band 5 | Tel:01382 496757 Page 1 of 1
Tayside Health Board Tel:01382 (496111)

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NHS Tayside Communication to GP

Ward/Clinic		CHI	1905580037
Hospital	--	Surname	BEATTIE
Clinician	[redacted]	First Name	ROBERT
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	22/12/2025	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: wound left upper wrist, patient atended A & E for review accident when ar [redacted] slipped, states left radius divot fracture on notes 16/12/25

Comment/Recommendations:

wound on wrist 4.2cm, x 0.3cm, wound bed sloughy and oozing serous exudate, no heat redness or other signs of infection, flaminal forte applied to absorb and promote healing, activheal alginate and biatain to absorb and protect, pateint states wrist very painful which is why he contacted GP today, does not appear to have any intevention such a splint when at A & E. Discussed with senior nurse and advised patient to contact GP for review of wrist/pain.

Follow up by clinic required: Yes

Follow up by clinic required: wound care Saturday spare dressing given to patient

Specific Monitoring Required: No

Paloma Gibson | Community Staff Nurse | Tel:01382 496747 Page 1 of 1
Ninewells Switch Board Tel:01382 (660111)

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NHS Tayside Communication to GP

Ward/Clinic		CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Lindsay	First Name	ROBERT
Specialty	TRAUMA AND ORTHOPAEDIC SURGERY	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	06/01/2026	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Purulent discharge from wound from 17/12

Comment/Recommendations:

Mr Beattie was reviewed in Ninewells Hospital today after his initial injury 17/12. He was concerned about leakage from the wound, with associated swelling and pain.

On review today, there was a 2cm transverse laceration over the dorsum of the wrist with evidence of healing and purulent discharge and malodor. The dorsum of the hand was swollen, as were the ring and middle fingers, with associated pain on palpation and extension of the fingers. He felt unwell in himself and had not yet had obs or bloods taken.

Old radiographs were reviewed which showed a small breach in the dorsal cortex of the distal radius from a likely direct blow to the wrist. His range of movement of the wrist was satisactory and there were no concerns over a septic arthritis.

We have asked our colleagues in plastics to review the wound to assess whether they would perform a formal inspection and washout due to the delayed presentation and likely tracking infection. Orthopaedics are, however, happy to contact the department if they have any other questions or concerns.

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

Elizabeth Lindsay | ST 1 | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Tayside

AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

09/01/2026

Dear Colleague

Please see the following outcome from the vetting process.

Patient Name: Robert Carlsson Beattie
CHI Number: 1905580037
Referral Date: 09/01/2026

Referral Source: Consultant at this Health Board/ Health Care Provider

Referral Priority was: Urgent
Vetted Priority is: Urgent

PHYSIOTHERAPY HAND THERAPY URGENT
Vetted By: Physiotherapy - Hand Therapy

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

Comment (Please add comments below for the referrer as required)

Yours sincerely

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Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : BEATTIE, Robert Carlsson
CHI No : 1905530037 Clinician: Dr [redacted] GILLAN
DoB : 19 May 1953 Sex: M Taybank Medical Centre
Post Code: DD4 7JG

WoundSwabSite: left hand Antibiotic Therapy: doxycycline Antibiotic allergies: penicillin wound to dorsum of left hand
26B700055 Date/Time of Specimen: 05 Jan 2026 09:20
WOUND SWAB

Sensitivities	1
Penicillin	R
Flucloxacillin	R
Erythromycin	R
Doxycycline	R
Vancomycin	S
Clindamycin	S
Co-trimoxazole	S

Culture:
1) Profuse Growth of Staphylococcus aureus
See comment

MRSA DNA DETECTED.
S.aur DNA DETECTED.

** NE MRSA **
Consult Tayside Antimicrobial Prescribing Guide

Date of Report: 11 Jan 2026 AUTH: shoj
TMC1 GILA2G

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NHS Initial Discharge Communication NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	06/01/2026	**Discharge**	19/01/2026
Specialty	Trauma and Orthopaedic Surgery	**Consultant**	Mr [redacted] (6024588)
From	Ward 18 Ninewells Hospital	**Destination**	Home

Diagnoses

Infected Left distal radius

Operations/Procedures

Left wrist wound exploration , debridement , wrist joint washout and EDC tendon middle to ring EDC tendon reconstruction	07/01/2026

Actions Required for Primary Care

Communication to Primary Care

Dear Colleague,

Many thanks for your continuing care of Mr Beattie. He was admitted to Ninewells on 07/01/26 with an infected wound to his left distal radius following an initial injury sustained on 15/12/25 when a car [redacted] fell and the plate struck his left forearm.

He had surgery on 07/01/26 for wound debridment and washout. There were no intra- or post-operative complications. Samples taken from the wound during surgery grew a constellation of bacteria including: MSSA (2/3), staph warneri (1/3), staph epi (1/3), strep mitis (1/3), coryne striatum (1/3), haemophilus haemolyticus (1/3 likely not significant).

He has been treated with IV antibiotics during his stay and needs a futher 4 weeks of three times weekly IV antibiotics. He has been referred to the OPAT team who will continue his treatment as an outpatient.

Mr Beattie is now medically fit for discharge.

Kind regards,
Ward 18, Ninewells

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Dispensary
Creon 10000 Gastro-resistant Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home	
Creon 25000 Gastro-resistant Capsules		1 WITH EACH MAIN MEAL		Own at Home	
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home	
Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home	
Laxido Orange Oral Powder Sachets Sugar Free		ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION		Own at Home	

Printed: 19/01/2026 17:07 ROBERT BEATTIE (1905580037) Page 1 of 2

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NHS Initial Discharge Communication NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home	
Mirtazapine 15 mg Tablets		1 AT BEDTIME		Own at Home	
Paracetamol 500mg capsules		Take 2 tablets every 4-6 hours as required for pain. Max 4 doses in 24 hours		TTO	
Propranolol Hydrochloride 10 mg Tablets		20MG TWICE DAILY - DISPENSE WEEKLY		Own at Home	
Risperidone 1 mg Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY		Own at Home	
Risperidone 500 micrograms Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY		Own at Home	
Senna 7.5mg tablets		Take two tablets every night for constipation		TTO	
Sildenafil Citrate 100 mg Tablets		TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS		Own at Home	
Teicoplanin 400mg powder and solvent for solution for injection vials	1600mg	One injection to be administered three times weekly on Mon, Wed and Fri	To complete 4 weeks of treatment. Last dose 6/2/26	Hospital Pharmacy	Please supply 8 x 200mg & 32 x 400mg - send to ward 42 8x200mg / 32x400mg

Discontinued Medication

STOP	Doxycycline Hyclate 100 mg Capsules	TAKE ONE TWICE DAILY	Course complete	Permanent
STOP	Nystatin 100,000 units/ml Oral suspension	1ML QDS AFTER FOOD FOR 7 DAYS	Course complete	Permanent

Medication Notes

Allergies

Adverse reaction to Penicillins		05/06/2019
H/O: penicillin allergy		11/12/2018

Deleted Allergies

Follow Up Arrangements

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 18 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

Hand therapy - Hand trauma clinic	Mr [redacted]		Date to be arranged

Final Discharge Comments

Pharmacy

Pharmacy Check Type: **Clinical check**

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Morna Campbell	FY1 2025	19/01/2026 11:09:53
Pharmacy Sign Off	John Dunn	Hospital Pharmacist	19/01/2026 11:38:33
Final Sign Off			

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NHS Initial Discharge Communication NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	20/01/2026	**Discharge**	24/01/2026
Specialty	Trauma and Orthopaedic Surgery	**Consultant**	Mr [redacted] (6024588)
From	Ward 17 Ninewells Hospital	**Destination**	Home

Diagnoses

L wrist joint septic arthritis

Operations/Procedures

2nd look left wrist wound and open joint washout		21/01/2026

Actions Required for Primary Care

Communication to Primary Care

Dear doctor,

Robert Beattie was admitted to Ninewells orthopaedics department on 20/01/2026 with L wrist septic arthritis.
He had been discharged from ward 18 Ninewells on 19/01/2026 due to a traumatic injury to his L forearm/wrist. with a plan for IV antibiotics (teicoplanin) under OPAT on discharge. He was readmitted due to systemic symptoms of infection and signs of infection around his PICC line site.
He underwent a 2nd operative washout of the L wrist on 21/01/2026.
He has been rediscussed at the bone and joint infection MDT. A plan has been made for him to receive one more dose of IV dalbavancin on friday 30/01/2026 under OPAT. They have accepted a referral and are aware.

He will be followed up in nurse led clinic in 10-14 days for removal of sutures and wound review.

He will be seen in consultant led fracture clinic in ~6 weeks' time.

Following the above, he has been deemed fit for discharge.

Many thanks for your ongoing care and best wishes.

Ward 17 Trauma and Orthopaedics

Ninewells Hospital

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Creon 10000 Gastro-resistant Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home		
Creon 25000 Gastro-resistant Capsules		1 WITH EACH MAIN MEAL		Own at Home		

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 18 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Dalbavancin	1500mg	1500MG ON FRIDAY 30/01/2026 UNDER OPAT. NOT FOR REGULAR PRESCRIBING		Hospital Pharmacy		Please send 1 dose to ward 42 - 500mg x 3
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home		
Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home		
Laxido Orange Oral Powder Sachets Sugar Free		ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION		Own at Home		
Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home		
Mirtazapine 15 mg Tablets		1 AT BEDTIME		Own at Home		
Oxycodone 5mg/5ml oral solution sugar free	2mg	Four times daily plus an additional 2mg up to four times daily as required		Hospital Pharmacy	Please supply 100 (one hundred) ml	5mg/5ml x 100ml x 1
Paracetamol 500mg tablets		TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED FOR PAIN		TTO		
Propranolol Hydrochloride 10 mg Tablets		20MG ONCE DAILY - DISPENSE WEEKLY		Own at Home		
Risperidone 1 mg Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY		Own at Home		
Risperidone 500 micrograms Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY		Own at Home		
Senna 7.5mg tablets		TAKE TWO TABLETS AT NIGHT AS NEEDED FOR CONSTIPATION		TTO		
Sildenafil Citrate 100 mg Tablets		TAKE AN HOUR BEFORE SEXUAL ACTIVITY MAX ONCE A DAY. SLS		Own at Home		

Discontinued Medication

STOP	Doxycycline Hyclate 100 mg Capsules	TAKE ONE TWICE DAILY	No longer indicated	Permanent
STOP	Nystatin 100,000 units/ml Oral suspension	1ML QDS AFTER [redacted] FOR 7 DAYS	No longer using	Permanent

Medication Notes

Allergies

Adverse reaction to Penicillins		05/06/2019

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

H/O: penicillin allergy		11/12/2018

Deleted Allergies

Follow Up Arrangements

Nurse led wound clinic		10-14 days from discharge for wound r/v and removal of stitches please	Date to be arranged
Consultant led hand/fracture clinic	Dr [redacted]	For 6 weeks' time please.	Date to be arranged

Final Discharge Comments

Pharmacy

Pharmacy Check Type: **Clinical check**

Please provide a signature for controlled drugs

.....

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Muahid Iqbal	FY1 2025	23/01/2026 15:58:45
Pharmacy Sign Off	John [redacted]	Hospital Pharmacist	23/01/2026 15:59:34
Final Sign Off			

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NHS Tayside Communication to GP

Ward/Clinic	OOPD	CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Mead	First Name	ROBERT
Specialty	TRAUMA AND ORTHOPAEDIC SURGERY	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	03/02/2026	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: left wrist wound and open joint washout.

Comment/Recommendations: Robert attended the nurse [redacted] clinic today for removal of sutures. Dressings removed, wound quite foul smelling. Sutures removed and wound cleansed with saline. Reviewed by ortho oncall., no concerns as Robert already been given antibiotics. Wound redressed with kliniderm wound contact layer, inadine and an island dressing. Robert has been advised to keep wound dry for at least another week to aware to contact clinic re any concerns.

Follow up by clinic required: Yes

Follow up by clinic required: NLC wound review.

Specific Monitoring Required: No

Karen Mead | Senior Staff Nurse | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Initial Discharge Communication NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	29/01/2026	**Discharge**	02/02/2026
Specialty	Acute Medicine	**Consultant**	Dr [redacted] Cobb (7274637)
From	Short Stay Medicine Ninewells Hospital	**Destination**	Home

Diagnoses

Ruptured [redacted] Cyst	
Suspected Pulmonary Embolism	for ambulatory CTPA
Left leg cellulitis	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear colleague,

Mr Beattie was admitted to AMU on 30/01/26 with a painful and swollen left leg on a background of recent wrist surgery. D-dimer was raised at 600. USS doppler ruled out DVT but demonstrated ruptured [redacted] cyst. A CTPA was requested as he reported some shortness of breath. He was covered with oral antibiotics for cellulitis. This will be organised via ambulatory as he does not have an oxygen requirement and has been mobilising.

He can now be discharged home with CTPA via ambulatory.

Thank you for your ongoing care,
SSM, Ninewells

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Codeine 30mg tablets		TAKE TWO TABLETS EVERY FOUR TO SIX HOURS AS REQUIRED FOR PAIN		TTO		
Creon 10000 Gastro-resistant Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home		
Creon 25000 Gastro-resistant Capsules		1 WITH EACH MAIN MEAL		Own at Home		

Printed 02/02/2026 09:08 ROBERT BEATTIE Dob 1905580037 Page 1 of 2

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NHS Confidential: Personal data about a patient

Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: [redacted] Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Doxycycline 100mg capsules		TAKE ONE CAPSULE TWICE DAILY FOR FIVE DAYS	Last dose evening of 05/02/26	TTO		
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home		
Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home		
Laxido Orange Oral Powder Sachets Sugar Free		ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION		Own at Home		
Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home		
Mirtazapine 15 mg Tablets		1 AT BEDTIME		Own at Home		
Oxycodone 5mg/5ml oral solution sugar free	2mg	2 mg as required max of QDS		Own at Home	20 mg maximum 56 mg per week	
Paracetamol 500mg capsules		TAKE TWO CAPSULES FOUR TIMES A DAY		TTO		
Propranolol Hydrochloride 10 mg Tablets		20MG ONCE DAILY - DISPENSE WEEKLY		Own at Home		
Risperidone 1 mg Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY		Own at Home		
Risperidone 500 micrograms Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY		Own at Home		
Rivaroxaban 15mg tablets		TAKE ONE TABLET TWICE [redacted] UNTIL SCAN		Hospital Pharmacy		42X15MG TABLETS SUPPLIED

Discontinued Medication

Medication Notes

Regular paracetamol and codeine PRN prescribed
Rivaroxaban 15 mg BD until CTPA
Doxycycline 100mg BD for 5 days for cellulitis

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NHS Confidential: Personal data about a patient

Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 18 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

cODC

Allergies

Adverse reaction to Penicillins		05/06/2019
H/O: penicillin allergy		11/12/2018

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Please provide a signature for controlled drugs

.....

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Sara Elmobark	Resident Doctor (Core Trainee)	02/02/2026 12:34:28
Pharmacy Sign Off			
Final Sign Off			

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NHS Confidential: Personal data about a patient

Initial Discharge Communication - Ward Attender

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	05/02/2026	**Discharge**	06/02/2026
Specialty	Acute Medicine	**Consultant**	Dr Katherine Cobb (7274637)
From	Ward Attenders NW15 (Acute Assessment Clinic)	**Destination**	Home

Diagnoses

Cellulitis

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Dr,

This patient was admitted on 30/01/26 with a painful and swollen left leg. D- dimer was raised. H/O recent left wrist surgery. Just finishing OPAT IV Dalbavancin for MRSA radial wound infection today. He was discharged home but was advised DOAC until CTPA through AAA. Was also given 5 days of flucloxacillin to cover lower limb cellulitis.

CTPA done on 05/02/26 was negative for PE.

Medications

Discontinued Medication

Medication Notes

Allergies

H/O: penicillin allergy	Phenoxymethylpenicillin 250mg tablets	11/12/2018
Adverse reaction to Penicillins	Phenoxymethylpenicillin 250mg tablets	05/06/2019

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

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Sign Off

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NHS Confidential: Personal data about a patient

Initial Discharge Communication - Ward Attender

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

	Name	Job Title	Date/Time
Initial Sign Off	Ananya Das	CT2	09/02/2026 09:53:16
Pharmacy Sign Off			
Final Sign Off			

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NHS Confidential: Personal data about a patient

NHS Tayside

Emergency Department Ninewells Hospital

AK Gillan
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr Robert Beattie
18 [redacted] Street
Dundee
DD4 7JG

Date of Birth: 19/05/1958
ACHI Number: 1905580037
ED Attendance Number: E0000690015
No. of Previous Attendances: 3
Occupation:
[redacted]
Responsible Consultant:Dr [redacted] Skelly

The above patient attended the Emergency Department Ninewells Hospital on 22/02/2026 at 22:50 and was admitted on 23/02/2026 at 01:12. The letter has been collated by [redacted] Barclay.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - Opiate overdose		

Diagnosis Comments:

Notes for GP:

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

ED Clinical Notes:
Collapsed at [redacted] station. Had been there multiple times today to put in various complaints. States took too much of his own pain medicaition (oxycodone) to try and sleep.
2x naloxone given by SAS w/ good effect.

o/e

Created on 23/02/2026 01:15 by Wiktoria Holownia-Czarny Version 1 Page 1 of 2

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NHS Confidential: Personal data about a patient

NHS Tayside

GCS E3V5M6
[redacted]
Swelling above left eye w/ 2cm laceration - closed with glue
Eyes moving normally
Moving all limbs
Chest clear
HD stable
ASNT

I - Unintentional opiate overdose

P - EDOU until safe for d/c

ED Nurse Notes:
01:00
Nursing Assessment/Social History - Lives alone independent with all care. Drowsy on arrival. GCS 14

Initial Interventions
-Observations obtained
-ECG taken seen by medics
-BM

Covid screen required – N
Nameband – Y white
No medication brought with patient
Pt accepts responsibility for belongings/valuables. – no
Belongings listed completed by RN EP and HCSW TD (RN WHC)

Prepared for admission by RN holownia-czarny

Interventions
-Repeat observations news score as charted bp had dropped Senior K barclay made aware not concerned at present

Does the patient agree with the plan Yes patient has been made aware of plan at present

[redacted] aware of plan for admission no not at present
Wellbeing form completed - No has children but all over age 18 and does not see them.
Adult Support and Protection referral completed - No
Falls referral completed – n/a
Patient transferred on trolley/cotsides up
Escort required – no (RN WHC)

Yours sincerely

Emergency Department Ninewells Hospital

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NHS Confidential: Personal data about a patient

Final Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	23/02/2026	**Discharge**	23/02/2026
Specialty	Accident & Emergency	**Consultant**	Dr [redacted] Skelly (4698986)
From	Emergency Dept Observation Unit Ninewells Hospital	**Destination**	Home

Diagnoses

Overdose

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Doctor,

Robert Beattie was admitted to the Emergency Department Observation Unit on 23/02/26 with reduced GCS after taking an overdose of Oxycodone to help him to sleep. He required two doses of Naloxone with the ambulance crew.

After a period observation on the ward, Robert became alert and orientated.

Robert has now been discharged.

Thank you for your continued care in the community.

Kind regards
EDOU
Ninewells

Medications

Discontinued Medication

Medication Notes

No changes to current medications

Allergies

Adverse reaction to Penicillins	Phenoxymethylpenicillin 250mg tablets	05/06/2019
H/O: penicillin allergy	Phenoxymethylpenicillin 250mg tablets	11/12/2018

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Referred to NFOD pathway

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NHS Confidential: Personal data about a patient

Final Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Lucy Colvin	FY1 2025	23/02/2026 11:20:22
Pharmacy Sign Off			
Final Sign Off	[redacted]	Consultant	24/02/2026 18:20:16

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NHS Confidential: Personal data about a patient

Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	23/02/2026	**Discharge**	23/02/2026
Specialty	Accident & Emergency	**Consultant**	Dr [redacted] Skelly (4698986)
From	Emergency Dept Observation Unit Ninewells Hospital	**Destination**	Home

Diagnoses

Overdose

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Doctor,

Robert Beattie was admitted to the Emergency Department Observation Unit on 23/02/26 with reduced GCS after taking an overdose of Oxycodone to help him to sleep. He required two doses of Naloxone with the ambulance crew.

After a period observation on the ward, Robert became alert and orientated.

Robert has now been discharged.

Thank you for your continued care in the community.

Kind regards
EDOU
Ninewells

Medications

Discontinued Medication

Medication Notes

No changes to current medications

Allergies

H/O: penicillin allergy	Phenoxymethylpenicillin 250mg tablets	11/12/2018
Adverse reaction to Penicillins	Phenoxymethylpenicillin 250mg tablets	05/06/2019

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

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Initial Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Lucy Colvin	FY1 2025	23/02/2026 11:20:22
Pharmacy Sign Off			
Final Sign Off			

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NHS Tayside Communication to GP

Ward/Clinic	OOPD	CHI	1905580037
Hospital	Ninewells Hospital	Surname	BEATTIE
Clinician	[redacted] Mead	First Name	ROBERT
Specialty	TRAUMA AND ORTHOPAEDIC SURGERY	Address	18 [redacted] STREET DUNDEE DD4 7JG
Date	02/03/2026	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

Provisional/Diagnosis is: Wound washout 21/2

Comment/Recommendations: Robert attended the nurse led clinic today for wound review. Wound appears healed and dried. No futher dressings required.
Robert still has a large amount of swelling and was complaining of tingling in his fingers. Ortho oncall contacted for review. No concerns from ortho but a referral has been sent for hand therapy. Exercises and advices given and explained to reduce swelling. We do not need to see Robert back at clinic , however he is aware to contact us re any concerns.

Follow up by clinic required: Yes

Follow up by clinic required: Hand therapy referral sent

Specific Monitoring Required: No

Karen Mead | Senior Staff Nurse | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Confidential: Personal data about a patient

NHS Tayside

Infection & Immunodeficiency Service
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	04/03/2026
Clinic Date	27/02/2026
Your Ref	
Our Ref	KS/JW/ 1905580037
Enquiries to	Secretary
Extension	36459
Direct Line	01382 496459
Email	

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, Angus, DD4 7JG DOB: 19/05/1958

Diagnosis: **Septic arthritis of the left wrist**

Consultant: **Dr [redacted] [redacted] Ward 18**

Commenced OPAT: **19/01/2026**

Discharged from OPAT: **07/02/2026**

History of referring complaint:

Robert is a 67 year old gentleman who attended Ninewells Hospital on the 6th January 2026 with an infected wound to his left distal radius following an injury sustained on the 15th December 2025 where a car [redacted] fell on his arm and the plate stuck in his left forearm.

On the 7th January 2026 he had a wound debridement and a washout. Robert's surgical procedure consisted of a left wrist wound exploration, debridement, wrist joint washout and EDC tendon middle to ring reconstruction.

Due to positive microbiology samples taken during surgery Robert was treated with intravenous antibiotics during his stay as an inpatient.

A referral was processed to the outpatient antibiotic team, who would continue his treatment as an outpatient of intravenous antibiotics. Robert continued on Teicoplanin intravenous antibiotics 3 times weekly. He was then commenced on Dalbavancin on the 23rd January 2026. Robert was monitored remotely by the OPAT team during his treatment.

Contd/

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Robert was discharged from OPAT on the 7th February 2026 with orthopaedic follow up.

Yours sincerely

Authorised on 06/03/2026 13:07:13 by Kerry Sandeman.

Kerry Sandeman
Clinical Specialist Nurse

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NHS Confidential: Personal data about a patient

NHS Tayside

Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	11/03/2026
Clinic Date	11/03/2026
Your Ref	
Our Ref	SMJ/EGI/1905580037
Enquiries to	Mr [redacted] - Fracture Clinic
Extension	13990
Direct Line	01738 473990
Email	[redacted]

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, [redacted] DD4 7JG DOB: 19/05/1958

Diagnosis: Left wrist wound exploration, debridement, wrist joint washout and EDC tendon middle to ring reconstruction

Mr Beattie did not attend his appointment in my fracture clinic today for further review of his wrist and his tendon reconstruction which happened when a car [redacted] penetrated the dorsum of his wrist. The severity of the injury was not identified by the Emergency Department.

I understand that Robert has now finished his antibiotics and has been discharged from OPAT. Unfortunately he has failed to attend the clinic today. I must presume that he is doing well and does not wish to be seen further. I am happy to see him if he does wish to attend and given that I only have monthly clinics in Ninewells, he would be welcome to attend the clinic in Perth if more convenient for him. I haven't reappointed him at present.

Kind regards

Yours sincerely

Authorised on 12/03/2026 10:51:30 by [redacted]

[redacted]
Consultant Orthopaedic Surgeon

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NHS Confidential: Personal data about a patient

Final Discharge Communication - Ward Attender

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG *GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL*	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	05/02/2026	**Discharge**	06/02/2026
Specialty	Acute Medicine	**Consultant**	Dr Katherine Cobb (7274637)
From	Ward Attenders NW15 (Acute Assessment Clinic)	**Destination**	Home

Diagnoses

Cellulitis

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Dr,

This patient was admitted on 30/01/26 with a painful and swollen left leg. D- dimer was raised. H/O recent left wrist surgery. Just finishing OPAT IV Dalbavancin for MRSA radial wound infection today. He was discharged home but was advised DOAC until CTPA through AAA. Was also given 5 days of flucloxacillin to cover lower limb cellulitis.

CTPA done on 05/02/26 was negative for PE.

Medications

Discontinued Medication

Medication Notes

Allergies

Adverse reaction to Penicillins	Phenoxymethylpenicillin 250mg tablets	05/06/2019
H/O: penicillin allergy	Phenoxymethylpenicillin 250mg tablets	11/12/2018

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Not seen directly by me. Completed OPAT Rx whilst IP. Doppler and CTPA negative for VTE.

Pharmacy

Copy To

Sign Off

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NHS Confidential: Personal data about a patient

Final Discharge Communication - Ward Attender

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

	Name	Job Title	Date/Time
Initial Sign Off	Ananya Das	CT2	09/02/2026 09:53:16
Pharmacy Sign Off			
Final Sign Off	Dr [redacted] Cobb	Consultant	18/03/2026 12:43:51

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT
www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	02/03/2026
Clinic Date	02/03/2026
Your Ref	
Our Ref	AC/AF/ 1905580037
Enquiries to	Angela Forbes
Extension	Extension 57296
Direct Line	DirectLine 01382 647296
Email	Email

Dear Dr Gillan

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

I write today to provide you an update regarding the above 67-year-old gentleman Mr Robert Beattie who as you are aware has been supported by the CMHTOP (East) since November 2024. Mr Beattie's engagement with the team over the past eight weeks has been variable and I believe this to be in relation to his physical health in which he has had 5 admissions to Ninewells hospital due to an injury to his wrist with an infection and cellulitis and note he has ongoing outpatient appointments on a regular basis for this.

My last contact with Mr Beattie was on 5th February where we discussed over the phone his mental health and wellbeing and he spoke of feeling calmer over recent weeks remaining adherent with his Risperidone medication at night and that his main concern was his physical health being problematic and keen to recover from this. I have attempted to contact him by way of both telephone and text message over recent weeks, since then with no response but I am aware he has had contact from other services and most recently presented as the [redacted] station making various complaints, appearing paranoid. He also took additional doses of Oxycodone due to reporting need for sleep in which he requires two doses of Naloxone and was in the observation unit at A&E Ninewells hospital on 23 February 26. Since then I have made further contact to Mr Beattie but had not heard as off yet.

I have discussed at the MDT meeting and with my colleague Consultant Psychiatrist Dr Sekhri of the above. Mr Beattie will have an outpatient appointment here at Kingsway Care Centre on 26th March 2026 at 2pm where he will have a further review of his mental health and presentation.

We will continue to keep you updated and should you require any further information please do not hesitate to contact the team on the details above.

Yours sincerely
Authorised on 25/03/2026 09:11:21 by Dr Rajesh Sekhri.
[redacted] **Crosby**
Community Mental Health Nurse

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NHS | Final Discharge Communication | NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	29/01/2026	**Discharge**	02/02/2026
Specialty	Acute Medicine	**Consultant**	Dr Katherine Cobb (7274637)
From	Short Stay Medicine Ninewells Hospital	**Destination**	Home

Diagnoses

Ruptured [redacted]'s Cyst	
Suspected Pulmonary Embolism	for ambulatory CTPA
Left leg cellulitis	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear colleague,

Mr Beattie was admitted to AMU on 30/01/26 with a painful and swollen left leg on a background of recent wrist surgery. D-dimer was raised at 600. USS doppler ruled out DVT but demonstrated ruptured [redacted] cyst. A CTPA was requested as he reported some shortness of breath. He was covered with oral antibiotics for cellulitis. This will be organised via ambulatory as he does not have an oxygen requirement and has been mobilising.

He can now be discharged home with CTPA via ambulatory.

Thank you for your ongoing care,
SSM, Ninewells

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Codeine 30mg tablets		TAKE TWO TABLETS EVERY FOUR TO SIX HOURS AS REQUIRED FOR PAIN		TTO		
Creon 10000 Gastro-resistant Capsules		ADJUST DOSE ACCORDING TO DIET		Own at Home		
Creon 25000 Gastro-resistant Capsules		1 WITH EACH MAIN MEAL		Own at Home		

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NHS Confidential: Personal data about a patient

Final Discharge Communication

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: [redacted] Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

Doxycycline 100mg capsules		TAKE ONE CAPSULE TWICE DAILY FOR FIVE DAYS	Last dose evening of 05/02/26	TTO		
Ibuprofen 10 % Gel		APPLY FOUR TIMES A DAY TO SORE AREAS		Own at Home		
Lansoprazole 30 mg Capsules (Gastro-Resistant)		1D		Own at Home		
Laxido Orange Oral Powder Sachets Sugar Free		ONE TO TWO SACHETS WHEN NEEDED FOR CONSTIPATION		Own at Home		
Menthol In Aqueous 1 % Cream		APPLY QID PRN		Own at Home		
Mirtazapine 15 mg Tablets		1 AT BEDTIME		Own at Home		
Oxycodone 5mg/5ml oral solution sugar free	2mg	2 mg as required max of QDS		Own at Home	20 mg maximum 56 mg per week	
Paracetamol 500mg capsules		TAKE TWO CAPSULES FOUR TIMES A DAY		TTO		
Propranolol Hydrochloride 10 mg Tablets		20MG ONCE DAILY - DISPENSE WEEKLY		Own at Home		
Risperidone 1 mg Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISP WEEKLY		Own at Home		
Risperidone 500 micrograms Tablets		ONE TABLET AT NIGHT TOTAL DOSE 1.5MG - DISPENSE WEEKLY		Own at Home		
Rivaroxaban 15mg tablets		TAKE ONE TABLET TWICE [redacted] UNTIL SCAN		Hospital Pharmacy		42X15MG TABLETS SUPPLIED

Discontinued Medication

Medication Notes

Regular paracetamol and codeine PRN prescribed
Rivaroxaban 15 mg BD until CTPA
Doxycycline 100mg BD for 5 days for cellulitis

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NHS Confidential: Personal data about a patient

NHS | Final Discharge Communication | NHS

ROBERT BEATTIE 18 [redacted] STREET, DUNDEE, DD4 7JG GP Practice: Taybank Medical Centre, 16 Robertson Street, Dundee, DD4 6EL	CHI: 1905580037 Born: 19/05/1958

cODC

Allergies		
H/O: penicillin allergy		11/12/2018
Adverse reaction to Penicillins		05/06/2019

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Negative doppler and CTPA. Rx for SSTI.

Pharmacy

Please provide a signature for controlled drugs

.....

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Sara Elmobark	Resident Doctor (Core Trainee)	02/02/2026 12:34:28
Pharmacy Sign Off			
Final Sign Off	Dr Katherine Cobb	Consultant	26/03/2026 10:00:25

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NHS Confidential: Personal data about a patient

NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

www.nhstayside.scot.nhs.uk

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	14/04/2026
Clinic Date	09/04/2026
Your Ref	
Our Ref	RS/TV/ 1905580037
Enquiries to	[redacted] Vannet
Extension	57248
Direct Line	01382 647248
Email	

Dear Dr Gillan

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

Diagnosis:
1. Psychosis (hearing voices, paranoia and overvalued ideas).
2. Personality issues (possible disorder).
3. History of alcohol dependence and drug issues.
4. Psychosocial issues.
5. Recent multiple admissions to hospital with displaced left zygomatic maxillary complex fracture, infected left distal radius and an Overdose.
6. Chronic Pancreatitis.
7. History of depression.

Psychotropic Medication:
1. Risperidone 1.5mg nocte.
2. Mirtazapine 15mg nocte.

Plan:
1. We will offer him a further review appointment in approximately four to six weeks time.

Mr Beattie attended his outpatient appointment at the Kingsway Care Centre on 9 April 2026. He was seen jointly with my CPN colleague [redacted] Crosby.

Mr Beattie told us that he missed previous appointments because he was not paying attention to them. He had multiple admissions to hospital because of significant facial injury which he attributed to a fall and then left radial bone infection which he attributed to helping a pensioner`s car at the side of the road and then getting himself hurt. He also reported that during Christmas time at his friend's place he found a bag of illicit substances mainly cocaine and took this by snorting over a period of three days. He later retracted by saying that he took it only for a day.

Mr Beattie reported that he is not sure what exactly happened during that period but he now finds his friend upset with him. He believes there are people out wanting to hurt him and he has been to the [redacted] station regarding this. Mr Beattie speaks about hearing people outside his home, people that are going to get him.

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NHS Tayside

Mr Beattie has been seeking his [redacted] help or staying at his place also. Expect for the worries regarding the repercussions of the incident with drugs, Mr Beattie reported that he has no other worries. He denied any mood issues or any suicidal thoughts or ideation. He reports that he generally takes his medication but there might be days when he has not been that consistent.

Mr Beattie was reasonably well kempt and engaged throughout the consultation. Both subjectively and objectively he was euthymic with normal range of affect. It appears that there is a degree of paranoia in his presentation but Mr Beattie himself does not believe that his mind can be playing tricks but strongly believes that there are people out to get him. He was grossly orientated to time, place and person.

Mr Beattie also talked about his [redacted] Carrie. He reported that the relationship is only friendly now and he is sure that she is seeing somebody else. He at times feels quite isolated. He does remain in touch with his [redacted] and with his [redacted] He was a bit hesitant for my colleague to contact his [redacted] for further information but agreed to consider it. We also discussed his engagement in the community and he was provided with information regarding [redacted] Man Club and Hope point. We agreed to keep his presentation under review and we will offer him further joint appointment in approximately four to six weeks time. He was in agreement with this and understands how he can reach out for support if required.

Yours sincerely

Authorised on 22/04/2026 12:12:36 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(P) [redacted] Crosby, Community Mental Health Nurse, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT

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NHS Tayside

Psychiatry of Old Age
Kingsway Care Centre
[redacted] Road
Dundee
DD2 3PT

www.nhstayside.scot.nhs.uk

Robert Beattie
18 [redacted] Street
Dundee
[redacted]
DD4 7JG

Date	26/03/2026
Clinic Date	25/03/2026
Your Ref	
Our Ref	RJ/TV/ 1905580037
Enquiries to	[redacted] Vannet
Extension	57248
Direct Line	01382 647248
Email	

Dear Robert Beattie

Robert Beattie, DOB: 19/05/1958
18 [redacted] Street, Dundee, [redacted] DD4 7JG

I am sorry you could not attend your outpatient appointment at the Kingsway Care Centre on 26 March 2026. I am aware from your Community Psychiatric Nurse [redacted] Crosby, that you have not been responding to her phone and text messages and you have not attended previous appointments with nursing colleagues too.

Through this letter we invite you to make contact with the department on 01382 627248 or with your community nurse. I am leaving you with an open appointment for the next four weeks. We are hoping to hear from you and following which, we will be happy to provide another outpatient appointment at our outpatient clinic. We might arrange a joint outpatient review with me and Community Mental Health Nurse [redacted] Crosby present.

If we do not hear from you in the next four weeks we will not be left with much choice but to discharge you from our case list, back to your General Physician.

Yours sincerely

Authorised on 27/03/2026 15:11:40 by Dr Rajesh Sekhri.

Dr Rajesh Sekhri
Consultant Psychiatrist

(D) Dr AK Gillan, Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL
(P) Lori [redacted] Team Leader, CMHTOP East, KCC, DD2 3PT
(P) [redacted] Crosby, Community Mental Health Nurse, CMHTOP East, Kingsway Care Centre, Dundee, DD2 3PT

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NHS Tayside

Oral and Maxillofacial Surgery

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Dr AK Gillan
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	20/04/2026
Clinic Date	16/03/2026
Your Ref	
Our Ref	GG/al/ **1905580037**
Enquiries to	01382 425593
Extension	40794
Direct Line	01382 425593
Email	

Dear Dr Gillan

Robert Beattie, 18 [redacted] Street, Dundee, [redacted] DD4 7JG DOB: 19/05/1958

Diagnosis:
Gillies lift and ORIF FZ suture left zygoma GA. 19 Dec 2025.

Comment:
Further to the above, Mr Beattie attended for review. Surgically the outcome is excellent. He does however report some chronic pain around the left zygoma post-operatively.

I would be grateful for your input with regards analgesics and I will review him back in 2 months.

With kind regards.

Yours sincerely

Authorised on 24/04/2026 09:55:51 by G Greenhill.

Dr G. Greenhill
Speciality Doctor
Oral and Maxillofacial Surgery

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. WJ [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 22 Sep 2008

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-08-035123-1**
No. of Previous Attendances: **6**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 21 Sep 2008 at 20:09. The incident occurred at Home The complaint was **SELF HARM**. The patient was seen by [redacted] **A+E SHO**.

Diagnosis
Laceration, Wrist, Rightsh left wrist - steristripped and home.

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

23 SEP 2008

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NHS Confidential: Personal data about a patient

NHS Tayside

Musculoskeletal and A&E Services
Orthopaedic Department
Acute Services Division
NHS Tayside
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
DUNDEE

Date 23 October, 2008
Your Ref
Our Ref BAC/AG 21 01 88 0091
Enquiries to Mr Clift – Weekend Fracture Clinic 18 10 08
Extension 35576
Direct Line
Email

Dear Dr [redacted]

[redacted] CAVANAGH, 106 WHITFIELD AVENUE, DUNDEE

Diagnosis: Possible stress fracture left 4th metatarsal

Mechanism of injury: Playing football

Date of injury: 17 10 08

Management: Conservative

This lad was just having a kick about with his [redacted] He does get a sore foot occasionally ordinarily but he does play a lot of football. He is a bit tender over the 4th metatarsal and it certainly hurts to put weight on it but he has quite a marked arch on his foot turning in towards pes cavus and the X-trays just show a minor stress fracture, it might be a re-fracture with a little bit of callus.

I think weight bearing exercise in the context of his particular foot shape has done this rather than anything else. There is no evidence of it being a pathological fracture.

He has got a below knee walking cast for three weeks, we will take it off then and just see what it is like.

Yours sincerely

DICTATED BUT NOT [redacted]

Mr B A Clift
Consultant Orthopaedic and Trauma Surgeon
and Clinical Director

27 OCT 2008

POSITIVE ABOUT DISABLED PEOPLE

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. WJ [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 18 Oct 2008

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-08-038492-1**
No. of Previous Attendances: **7**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 17 Oct 2008 at 20:55. The incident occurred at Public highway, street or road The complaint was **LEFT FOOT INJ.** The patient was seen by [redacted] [redacted] **A+E SHO.**

Imaging XR	Site	Side	Comment
1. X-ray,	Foot,		Left - twisting injury left foot, bony tenderness 4th and 5th metatarsals - ? #

Imaging Results
1. Abnormal

Diagnosis
Closed fracture,
base 4th metatarsal

Discharge : With referral to Fracture Clinic
Destination : Usual place of residence

Yours sincerely

21 OCT 2008

Accident & Emergency Dept

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24 NOV 2008

NHS Tayside

Musculoskeletal and A&E Services
Orthopaedic Department
Acute Services Division
NHS Tayside
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
DUNDEE

Date 14 November, 2008
Your Ref
Our Ref JS/AG 21 01 88 0091
Enquiries to Mr Clift – Fracture Clinic 11 11 08
Extension 35576
Direct Line
Email

Dear Dr [redacted]

[redacted] **CAVANAGH, 106 WHITFIELD AVENUE, DUNDEE**

This patient failed to attend their clinic appointment. I have sent him one further appointment.

Yours sincerely

Ms J [redacted]
ST3 in Orthopaedics

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-5 DEC 2008

NHS
Tayside

Musculoskeletal and A & E Services
Orthopaedic Department
Acute Services Division
NHS Tayside
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr W [redacted]
Taybank Medical Centre
2-10 [redacted] Street
DUNDEE
DD4 6EL

Date 28 November 2008
Your Ref
Our Ref **DN/BM 21 01 88 0091**
Enquiries to **Mr B Clift – Fracture Clinic – 25 November 2008**
Extension **35576**
Direct Line
Email

Dear Dr [redacted]

RE: [redacted] CAVANAGH, 106 WHITFIELD AVENUE, DUNDEE

Your patient failed to attend the Fracture Clinic for the second subsequent occasion regarding his painful left foot. I presume from his non attendances that this foot pain has settled down and we have not arranged any further appointment.

Yours sincerely

Mr D Nicoll
Specialist Registrar in Orthopaedics

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Headquarters
[redacted] Clepington Road, Dundee DD3 8EA

Chairperson, Mr [redacted] OBE DL
Chief Executive, Professor [redacted]

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 30 Apr 2009

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-09-015978-1**
No. of Previous Attendances: **9**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 29 Apr 2009 at 14:14. The incident occurred at Home The complaint was o.d.. The patient was seen by [redacted] **A&E SpR.**

Diagnosis
Multiple drugs overdose,
parace

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Notes for GP
Impulsive OD of paracetamol, citalopram, sertraline in response to breakdown of relationship - assessed by Liason Psych - no ongoing suicidal ideation. Paracetamol and salicylate not detected. D/c

Yours sincerely

Accident & Emergency Dept

01 MAY 2009

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NHS Confidential: Personal data about a patient

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

Date: 14 Mar 2009

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-09-009228-1**
No. of Previous Attendances: **8**
Occupation/School: **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 13 Mar 2009 at 21:13. The incident occurred at Other specified The complaint was **SELF HARM**. The patient was seen by **Irfan Ashraf , A+E SHO**.

Diagnosis
Incision, Skin, Right
DSH, incisions right forearm, superficial not requiring closure, clean, dry dressing

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

17 MAR 2009

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NHS Confidential: Personal data about a patient

Department of Liaison Psychiatry
NHS Tayside
Carseview Centre
4 [redacted] Avenue
Medipark
DUNDEE
DD2 1NS
Telephone Number (01382) 878748

NHS Tayside

Mr [redacted]
A&E Consultant
Ninewells Hospital
Dundee

Date Dictated: 29.04.09
Date Received: 30.04.09
Date Typed: 07.05.09
Your Ref
Our Ref SK/JF
Enquiries to [redacted]
Extension 58248
Direct Line 01382 878748

Dear Mr [redacted]

RE: [redacted] Cavanagh DOB 210188/0091
106 Whitfield Avenue, Dundee

13 [redacted] 2009

Assessment Date & Place
A&E Short Stay Ward, Ninewells Hospital 29.04.09.

Date/Type of DSH/Suicidality at Event
[redacted] had apparently had an argument with his [redacted] on the morning of 29.04.09. He then impulsively took an overdose of Paracetamol, Citalopram and Sertraline tablets (around 20 tablets in total). Following this it would seem that he had indicated to [redacted] that he had taken these tablets. She in turn raised the alarm and [redacted] subsequent admission to the A&E department was arranged thereafter. He suggested suicidal intent at the time of the incident.

Past Psychiatric History
[redacted] has had no previous contact with the psychiatric services however he has had one previous overdose in October 2008 although he did not seek any medical attention. He has also self-harmed by cutting his left forearm on one occasion in September 2008 and another in February 2009. Both of these incidents resulted in him attending the A&E Department where his wound was cleaned up with paper stitches being applied.

Relevant Past Personal History
Born and brought up in Dundee by his [redacted] until the age of 3 when they apparently separated. He has seen little of his [redacted] throughout his childhood and from what I could gather his [redacted] had committed suicide when Scott was aged 14. Scott however is not aware of this and believes that his father died as a result of alcohol-related problems. He described most of his childhood as being fairly uneventful although he did suggest that he had been picked on at [redacted] a few times as a result of him being overweight. He left school at the age of 16 and attended various training courses in relation to construction work. He has been in full-time employment on a few occasions although appears to have lost his most recent jobs as a result of his girlfriend frequently telephoning and texting him throughout the day. At present he is therefore unemployed. He has had a relationship with Danielle, who is 17, for the past 2 years. It would seem that this relationship has been somewhat chaotic and they frequently argue.

Brief MSE and Current Suicidality
Denied any further active suicidal ideation and expressed remorse about having taken this overdose. He denied any significant problems with regards to his sleep pattern although did suggest that his

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2. RE: [redacted] Cavanagh DOB 210188/0091

appetite has been a bit poor recently. He did however deny any significant weight loss. He described his mood as fluctuating, suggesting that when with friends and family his mood is very stable however when he is with his [redacted] he tends to be quite miserable. He denied any problems with regards to his concentration and motivation.

Forensic History
Nil.

Past Medical History
Nil of note.

Alcohol/Drug Misuse
Denied any alcohol misuse although did suggest that he had used a variety of recreational drugs for around a year or so but appears to have given this up around 4 months ago. Substances taken had included: cocaine, ecstasy, amphetamines, cannabis and benzodiazepines.

Social Circumstances
Currently unemployed and [redacted] home alone. He appears to have a good social network. He denied any significant financial difficulties although clearly does struggle to make ends meet most weeks.

Diagnosis – ICD 10
Self-harm (self-poisoning – mixed)

Disposal/Follow-up
I did not feel that Scott was suffering from a severe or enduring mental health problem and therefore did not feel the need to provide any formal support at this present time. I did however feel that he might benefit from some supportive counselling to help him through this difficult patch and with this in mind I have provided him with contact details for both Breathing Space and Insight Counselling. I have since recommended that he be discharged home when considered medically fit.

Yours sincerely,

pp F Milne

[redacted]
Nurse Consultant, Liaison Psychiatry

c.c. Dr Taylor, Taybank Medical Centre, 10 [redacted] Street, Dundee

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Primary Care Division
NHS Tayside
Carseview Centre
4 [redacted] Avenue
Dundee
DD2 1NH
Telephone Number 01382 878748
Fax Number 01382 878804
www.nhstayside.scot.nhs.uk

NHS Tayside

19 MAY 2009

Date Dictated 05.05.09
Date Received 05.05.09

Date Typed 12.05.09
Your Ref
Our Ref KMcN/BG

Enquiries to Dr McNabb
Extension 58248
Direct Line 01382 878748
Email

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Dear [redacted]

RE: [redacted] CAVANAGH DOB 21.01.88
106 WHITFIELD AVENUE DUNDEE

I assessed Scot as an urgent assessment on the evening of 2nd May 2009 after he was brought to the department by the [redacted] had been reported as a missing person by his [redacted] that day after she was concerned that he had left home to possibly go and harm himself. The [redacted] later found him and although [redacted] had not harmed himself or expressed any suicidal ideation he was brought to the Department for a psychiatric assessment. This was on a background of having taken an overdose of Paracetamol the previous Wednesday. He was assessed after this incident by [redacted] Liaison Psychiatry Nurse.

History of Presenting Complaint: [redacted] tells me that he has been feeling up and down for the past few weeks. He has had a number of things to contend with including the break up of his relationship with his [redacted] who cheated on him which he has been struggling to cope with. He has also been missing his [redacted] who passed away 2 years ago and [redacted] tells me that last week his friend accidentally drove him past his [redacted] house which he found a very emotional experience and he has been dwelling on it a lot. He says that he feels happy when in the company of his friends but it is when he is by himself that he starts to feel down and at times has been bothered with suicidal thoughts although denied having any suicidal thoughts today. He has been sleeping well, eating normally and looking after his personal care. He describes his concentration as normal and describes no symptoms of anhedonia. His main problem seems to be filling his day as he is currently unemployed having left his job in a call centre as he did not feel that they paid enough money. He is now due to be receiving the appropriate benefits. [redacted] denied any alcohol or drug misuse and did not describe any psychotic symptoms. Although he currently lives alone he has good support from his friends, [redacted] and older [redacted]

Past Psychiatric History: As previously mentioned [redacted] took an overdose of Paracetamol on Wednesday and was reviewed by [redacted] Liaison Psychiatric Nurse and was offered the phone number for counselling services. [redacted] also tells me that he cut his wrist around 2 years ago following the death of his [redacted] but could not say if he had any psychiatric follow up at this time. He has no relevant past medical history.

Headquarters
[redacted] Clepington Road, Dundee DD3 8EA

Chairperson, Mr [redacted] OBE DL
Chief Executive, Professor [redacted]

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RE: [redacted] CAVANAGH DOB 21.01.88

Family History: [redacted] passed away when [redacted] was 14 years old from alcohol related illnesses. [redacted] had left the family home when he was very young and he had limited contact with him. [redacted] is currently well with no psychiatric problems although [redacted] says that they do have a volatile relationship which has settled slightly since [redacted] got his own accommodation. [redacted] has an older [redacted] who is also well and he has reasonable contact with and an older step-[redacted] with whom he has no contact.

Personal History: [redacted] was born and raised in the Dundee area. He was the youngest in a family of 3 including his older [redacted] and older [redacted] He tells me he had a normal childhood and schooling. He told me that his [redacted] left the family home when he was very young and he has no real recollection of him. He did not witness his [redacted] drunk as his [redacted] would not let him see the children when he was in this state. As previously mentioned [redacted] passed away when he was 14 years old in secondary [redacted] As a result of this [redacted] had a lot of problems in [redacted] and tells me he was excluded around 14 times. He said this was as a result of being picked on by the teachers. He managed to get a few Standard Grades and left [redacted] at 16 years old. He then went on to [redacted] and gained a qualification in Construction and went on to work as a joiner. However when the work dried up he went on to work in a Call Centre and as mentioned he left this job recently. He has no children.

Social History: [redacted] currently lives alone in a council flat and is managing to keep up with his rent. He has no outstanding debts and good support from his [redacted] and friends.

Drug and Alcohol History: [redacted] does not drink alcohol and denies any recent illicit substance misuse although did admit to using Cannabis and Cocaine in the past. He has no forensic history.

Mental State Examination: [redacted] appeared well kempt and developed a good eye contact and rapport. He showed no signs of agitation or distress. **Speech:** Speech was normal in rate, rhythm, volume and tone. **Mood**: Objectively and subjectively low but with reactive affect. **Thoughts:** There were no evidence of delusions or overvalued ideas and there was no ongoing suicidal ideation. [redacted] denied any perceptual disturbance and was cognitively intact. **Insight**: Retained.

Formulation: I felt that [redacted] was a 20 year old gentleman with a history of a number of losses and relationship problems presenting as mildly depressed with no ongoing suicidal ideation. I felt that his symptoms were a result of a situational crisis.

Management Plan: I discussed a number of options with [redacted] I felt that he did not require admission to hospital at this time nor indeed follow up from Psychiatric Services. I have asked him to make an appointment with his GP to discuss Primary Care Counselling and he has also been given a leaflet with the number for "Breathing Space" should he feel that he has no one to talk to. [redacted] was happy with this plan.

Yours sincerely,

Dr K McNab
ST 2 in Psychiatry

Copy to:
Dr Haut, Consultant Psychiatrist (ES) LDAU, Carseview Centre, Dundee

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Acknowledge an NHS24 call

PCC:	DUNDEE		**FOR PRACTICE**		
NHS No:	7514833	**Call Received:** 19/07/2009 21:40	**Received by:**	(Non-clinical user) (Cardonald)	NHS 24
Outcome:	999 contacted. For information only		**Outcome Code:**	EMGI	
	Consultation Start:	19/07/2009 21:43	**Consultation Finish:**	19/07/2009 22:01	

Patients Present Location

Address: 106 Whitfield Avenue, Dundee, DD4 0BA
Phone: 07716 013640 Ext:

Registered GP Details (at time of call)

Dr Name: [redacted]
Practice: TAYBANK MEDICAL CENTRE 2

Patient Home Details (2101880091)

Name: [redacted] CAVANAGH
Address: 106 Whitfield Avenue, Dundee, DD4 0BA
Phone:
Sex: M
DOB: 21/01/1988
Age: 21 Years
Contact:

Clinical Summary: DIZZINESS, BLACK OUTS FOR 30 MINS AND 6 EPISODES OF BLACKING OUT/ FAINTING, DIZZY AT MOMENT SITTING DOWN, ? INJURY TO HEAD, SIMILAR IN PAST WHEN YOUNG, NO OTHER SYMPTOMS, CALLER FAINTED WHILST ON PH , PASSED TO SAS ILT, CALLER CALLED BACK SIMILAR TYPE FAINT ADVISED PARAMEDICS ON WAY, ADVISED TO PH 999 IF WORSENING.

Condition: BLACKED OUT X 6 30MINS SEE A/V
Call Number: 0000584458 **Received by TayCare:** 19/07/2009 22:04

PRINTED:20/07/2009 TayCare

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NHS Confidential: Personal data about a patient

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 12 May 2009

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-09-017643-1**
No. of Previous Attendances: **10**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 11 May 2009 at 14:09. The incident occurred at Public highway, street or road The complaint was **head/facial/nasal in**. The patient was seen by [redacted] **A&E SpR**.

Diagnosis
Soft tissue injury,
facial bruising

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

13 MAY 2009

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DU[redacted]
DD4 6EL

17 NOV 2009

Date: 15 Nov 2009

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-09-042493-1**
No. of Previous Attendances: **11**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 13 Nov 2009 at 22:24. The incident occurred at Public highway, street or road The complaint was **FALL/ HEAD INJURY**. The patient was seen by [redacted], **A+E SHO**.

Diagnosis
Other head injury, Occipital, Right
Soft tissue injury, Back wall of chest, Left
Vasovagal,

Discharge : With follow up by Primary Care team
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Acknowledge an NHS24 call

PCC:	DUNDEE			FOR PRACTICE		
NHS No:	8033091	Call Received:	14/11/2009 10:14	Received by:	(Non-clinical user) (Glasgow)	NHS 24
Outcome:	Pt given self care advice - For Information Only			Outcome Code:	SCAI	
		Consultation Start:	14/11/2009 10:16	Consultation Finish:	14/11/2009 10:30	

Patients Present Location		Patient Home Details (2101880091)	
Address:	106 Whitfield Avenue, Dundee, DD4 0BA	Name:	[redacted] CAVANAGH
Phone:	07871 819622 Ext:	Address:	106 Whitfield Avenue, Dundee, DD4 0BA
		Phone:	
Registered GP Details (at [redacted]e of call)		Sex:	M
Dr Name:	[redacted]	DOB:	21/01/1988
Practice:	TAYBANK MEDICAL CENTRE 2	Age:	21 Years
		Contact:	

Clinical Summary:	PAINFUL BACK FOR 12 HOURS AND SEEN AT A&E FOR FAINTING EPISODES X3 LAST NIGHT WHO ADVISED PROBABLE MUSCULAR PAIN, NO ANALGESIA TAKEN, FULL SENSATION IN LEGS, ADVISED REGULAR PARACETAMOL & IBUPROFEN AS PER RECOMMENDED DOSAGE. SELFCARE ADVICE GIVEN. OUTCOME - SELFCARE
Condition:	HEAD INJURY/FALL/LAST NIGHT/SEE AV
Call Number:	0000621488 Received by TayCare: 16/11/2009 07:42

PRINTED:17/11/2009 TayCare

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 17 Nov 2009

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-09-042761-1**
No. of Previous Attendances: **12**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 15 Nov 2009 at 23:02. The incident occurred at Public highway, street or road The complaint was **attempted suicide**. The patient was seen by [redacted], **A+E SHO**.

Imaging XR	Site	Side	Comment
1. X-ray, reduced ROM shoulder	Shoulder,	Left - ? jumped from top of lamppost, landing on left side. Tender head of humerus and scapula,	

Imaging Results
1. Normal

Diagnosis
Soft tissue injury, Shoulder, Left

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

18 NOV 2009

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Date: 25/03/2010 Time: 09:29 To: Taybank T1143-3-1 DUNDEE @ ,01382452121
Page: 001

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 8581397	**Site:**	Glasgow
CHI #:	2101880091	**Caller Name:**	
Surname:	CAVANAGH	**Date/Time Call Received:**	25/03/2010 9:04
Forename:	[redacted]		
DOB:	21/01/1988	**Date Call Completed:**	
Gender:	Male	**Time Call Completed:**	
Address:	106 Whitfield Avenue	**Call Priority:**	CS3
		Call Reason:	DIZZY 1DAY SEE A/V
	Dundee	**Current Location:**	106 Whitfield Avenue
	DD4 0BA		Dundee
PH NO:	07716013640 (Return) 07871819622 (Return)		DD4 0BA
		Special Directions:	Front Door
		Current PH NO:	07871819622 (Return)
Care Provider:	[redacted]	**Care Provider Details:**	10 [redacted] ST DUNDEE DD4 6EL Scotland

25 MAR 2010

Temporary Resident: No

Referred To: **Recommended Action:**

CLINICAL SUMMARY
FLU LIKE SYMPTOMS FOR 2 DAYS AND C/O FEVER AND SHIVERING, DIZZINESS, DIFFICULTY SWALLOWING AND THROAT SWOLLEN AT ONE SIDE, HEADACHE WHEN HE COUGHS, NO SOB, NO CHEST PAIN. ALSO SAYS HE HAD HEARTBURN RELIEVED BY RENNIES - SAME PAIN HE HAS HAD ON AND OFF FOR 2 YEARS.
PHARMACY
PAST MEDICAL HISTORY
MEDICAL PROBLEMS
DEPRESSION
MEDICATIONS
AS PER ECS
ALLERGIES
PENICILLIN

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: **Signature:**

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 22 Jul 2010

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-10-026309-1**
No. of Previous Attendances: **13**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 21 Jul 2010 at 01:32. The incident occurred at Sports and athletic area The complaint was **L KNEE INJURY**. The patient was seen by [redacted] **Denny , A&E SpR**.

Diagnosis
Soft tissue injury, Knee, Left
MCL grade 1 sprain
Abscess,
Left thigh, large and painful, raised temp

Discharge : With referral to Other Clinic
Destination : Usual place of residence

Notes for GP
To return to wd10 for surgical opinion at 8am

Yours sincerely

Accident & Emergency Dept

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 19 Oct 2010

Dear Doctor [redacted]

Your Patient: [redacted] Cavanagh
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-10-038435-1**
No. of Previous Attendances: **14**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 18 Oct 2010 at 14:03. The incident occurred at Other specified The complaint was **painful legs**. The patient was seen by **Shobhan Thakore , A+E Consultant**.

Diagnosis
3 day guideline, Lower leg, Bilateral
pain for years, under c/o GP

Discharge : With follow up by Primary Care team
Destination : Advised to attend GP/Primary Care (not a transfer)

Yours sincerely

Accident & Emergency Dept

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 20 Oct 2010

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
106 WHITFIELD AVENUE
DUNDEE
DD4 0BA

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-10-038435-1**
No. of Previous Attendances: **14**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 18 Oct 2010 at 14:03. The incident occurred at Other specified The complaint was **painful legs**. The patient was seen by **Shobhan Thakore , A+E Consultant.**

Diagnosis
3 day guideline, Lower leg, Bilateral
pain for years, under c/o GP

Discharge : With follow up by Primary Care team
Destination : Advised to attend GP/Primary Care (not a transfer)

Yours sincerely

Accident & Emergency Dept

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 25 Feb 2011

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GDNS
DUNDEE
DD2 4JE

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-11-007020-1**
No. of Previous Attendances: **15**
[redacted] **UNEMPLOYED**

Tel :

The above patient attended the A&E department on 24 Feb 2011 at 11:36. The incident occurred at Sports and athletic area The complaint was **I foot inj.** The patient was seen by [redacted] **Patton , A&E SpR.**

Imaging XR	Site	Side	Comment
1. X-ray,	Foot,	Left -	Playing football with clash of feet. C/O pain over distal MT's. OEx: Tender ++ distal 3rd and 4th MT.

Imaging Results
1. Normal - As Previous Film 10/08

Diagnosis
Soft tissue injury, Foot, Left

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 14 Jul 2012

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GARDENS
DUNDEE
DD2 4JE

Tel :

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-12-024924-1**
No. of Previous Attendances: **17**
[redacted] **LABOURER**

The above patient attended the A&E department on 12 Jul 2012 at 23:12. The incident occurred at Home or other house and garden
The complaint was **?ASSAULT**. The patient was seen by [redacted] [redacted] **A&E SpR**.

Imaging XR	Site	Side	Comment
1. X-ray,	Facial Bones,		- Assaulted, tender around left orbit and over left frontal sinus, ?#
2. X-ray,	Hand,	Right	- Assaulted, tender over index finger MC, ?#

Imaging Results
2. Normal

Diagnosis
Soft tissue injury, Face,
Haematoma of forehead after alleged assault having been struck by a hammer or log.
Soft tissue injury, Hand, Right
Soft tissue injury, Upper eyelid, Left
Haematoma of eyelid with decreased visual acuit in eye. For follow up in opthalmology clinic.

Discharge : With referral to Other Clinic
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Date: 13/03/2012 Time: 18:59 To: Taybank T1143-3-1 DUNDEE @ ,01382452121
Page: 001

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 11372980	**Site:**	Glasgow
CHI #:	2101880091	**Caller Name:**	SCOTT
Surname:	CAVANAGH	**Date/Time Call Received:**	13/03/2012 18:52
Forename:	[redacted]		
DOB:	21/01/1988	**Date Call Completed:**	
Gender:	Male	**Time Call Completed:**	
Address:	83 DEE GARDENS	**Call Priority:**	0
		Call Reason:	PENIS INJURY
	DUNDEE	**Current Location:**	83 DEE GARDENS
	DD2 4JE		DUNDEE
PH NO:	07716013640 (Return) 07871819622 (Return)		DD2 4JE
		Special Directions:	
		Current PH NO:	07871819622 (Return)
Care Provider:	[redacted]	**Care Provider Details:**	10 [redacted] ST DUNDEE DD4 6EL Scotland
Temporary Resident:	No		

Referred To: **Recommended Action:**

CLINICAL SUMMARY
INJURY PENIS FOR 20 MINUTES AND TORE FORESKIN DURING INTERCOURSE APPROX 20 MINUTES AGO.
2CM TEAR, BLEEDING EASES WITH PRESSURE BUT CONTINUES TO BLEED. ASKED TO GO TO NINEWELLS.

A&E ASAP

PAST MEDICAL HISTORY
MEDICAL PROBLEMS
DEPRESSION
MEDICATIONS
AS PER ECS
ALLERGIES
PENICILLIN

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: **Signature:**

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**49695**	Receive Date:	**16-Apr-2013 01:33**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (25 years)**	Gender:	**M**
Address:	**83 Dee Gardens**	Current Address:	**2/L 20 Fintryside**
	Dundee DD2 4JE		**Dundee DD4 9JW**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**16-Apr-2013 01:33**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**02:02**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	[redacted]

Reported Condition:
ASSAULTED- SAT NIGHT SEE A/V

Followups:
None

NHS24 details:

Triage NHS24 -	**TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within two hours.** **WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately. This call should be directed via triage telephony route.** **The individual concerned should be taken straight to the nearest Casualty or A&E department.** **If the individual concerned's condition worsens or they develop breathing difficulties, call 999.**
NHS24 Comments -	**POSSIBLE SPIKE IN HIS DRINK- HE HAS BURST LIPS/ BLACK EYE/ BUMP / CUT IN HIS HEAD - FEELS VERY WEAK AND WEIRD- CANT REMEMBER WHAT HAPPEN ON SAT- ((Non-Clinical User) (Aberdeen))**
Disposition -	**Accident & Emergency as soon as possible**

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 17 Apr 2013

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GARDENS
DUNDEE
DD2 4JE

Tel :

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **AE-13-012436-1**
No. of Previous Attendances: **18**
[redacted] **unemployed**

The above patient attended the A&E department on 16 Apr 2013 at 03:01. The incident occurred at Public highway, street or road The complaint was **headaches**. The patient was seen by **Yu Kwong** [redacted] **, A+E SHO**.

Diagnosis
Concussion,
Post-concussion syndrome

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**38413**	Receive Date:	**28-Dec-2013 14:57**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (25 years)**	Gender:	**M**
Address:	**83 Dee Gardens** **Dundee DD2 4JE**	Current Address:	**83 Dee Gardens** **Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**28-Dec-2013 14:57**	Calltype:	**Attend**
Advised:	**15:08**	Arrived PCC:	
Cons start:	**28-Dec-2013 16:16**	Cons End:	**28-Dec-2013 16:23**
Consulting Doctor:	[redacted]	Own doctor:	[redacted]

Reported Condition:
ABCESS BETWEEN BUTTOCK AND BACK 2 DAYS SEE A/V

Consultation details:

History - **"Abscess" on bottom/lower spine 2/7. Thinks he may have had similar in past. States "no way I can get to Wallacetown". will come by taxi. Please arrange. On no reg meds according to ECS and no recent contact recorded with OOH. PLEASE aRRANGE TAXI. Attend <4 hours**

Hx as above - had previous episode of pain and swelling in perineum that resolved by itself without GP review at the start of the year. On this occasion has had pain and swelling last 2 days at proximal end of natal cleft. No fever, nauseated with single episode of vomit earlier today.

Examination - **Alert, T36.7C, early ?pilonidal sinus present**

Diagnosis - **?pilonidal sinus**

Treatment - **Advice, antibiotic, worsening advice re fever, increased pain, non resolution. 16 x100mg doxycylcine dispensed, 1 bd (penicillin allergic)**

Prescriptions:
doxycycline (as hyclate) capsules 100mg as directed 8.00

Followups:
No Follow Up

Clinical Codes:
ZV6.. |V|Other reasons for encounter

NHS24 details:

NHS24 Comments - **PT CALLED EARLIER WAS ADVISED TO GO TO PCEC WITHIN 4 HRS, DID NOT GO DUE TO TRANSPORT DIFFICULTIES, SAYS DIFFICULT TO WALK. WOULD PREFER PRESCRIPTION FOR ANTIBIOTICS. SENT TO LOCAL PHARMACY. ((Non-Clinical User) (Glasgow))**

DISCUSSED IWTH CHSL - GP TO PHONE PT 4 HRS ((Non-

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Clinical User) (Glasgow))

CHSL PATIENT REQUESTING HE GETS GP TO WRITE PRESCRIPTION AND WILL GET FAMILY MEMBER TO PICK UP. STILL UNABLE TO ATTEND OOH. ADVISED DR TO CALL 4 HOURS DISPUTED OUTCOME. ((Other Clinical User) (Edinburgh))

DISPUTED OUTCOME - AS PER CHSL ((Non-Clinical User) (Glasgow))

Disposition - Contact GP Practice within 4 Hours (as soon as possible)

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**38008**	Receive Date:	**28-Dec-2013 07:48**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (25 years)**	Gender:	**M**
Address:	**83 Dee Gardens** **Dundee DD2 4JE**	Current Address:	**83 Dee Gardens** **Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**28-Dec-2013 07:48**	Calltype:	**Attend**
Advised:	**08:46**	Arrived PCC:	
Cons start:	**28-Dec-2013 14:57**	Cons End:	**28-Dec-2013 14:57**
Consulting Doctor:	**Hemal** [redacted]	Own doctor:	[redacted] [redacted]

Reported Condition:
SWOLLEN - BACK /TOP OF BUTTOCKS -2 DAYS -SEE A/V

Consultation details:

History -	**.**
Examination -	**.**
Diagnosis -	**did not attend**
Treatment -	**call closed**

Followups:
No Follow Up

Clinical Codes:
ZV6.. [V]Other reasons for encounter

NHS24 details:

Triage NHS24 - **This call should be directed via consult telephony route.WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.**
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.

NHS24 Comments - **PT HAVING PAIN AT BOTTOM OF BACK (TOP OF BUTTOCKS) THE AREA IS SWOLLEN DOES NOT LOOK RED BUT VERY PAINFUL. PT HAVING COLD SWEATS. PT FELT A BIT DIZZY A FEW HOURS A GO AND VOMITED ONCE BUT NOW OK WITH THESE SYMPTOMS. ((Non-Clinical User) (Cardonald))**

OPENED FOR RAPID TRIAGE AS PER NA [redacted] **MOFFAT ((Non-Clinical User) (Glasgow))**

CALLED TWICE PHONE JUST RINGING OUT. ((Non-Clinical User) (Glasgow))

DISCUSSED WITH NA [redacted] **MOFFAT AND TO PUT**

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BACK INTO Q. ((Non-Clinical User) (Glasgow))

CALLED BACK IN AS MISSED CALL. NO WORSENING SYMPTOMS. ((Non-Clinical User) (Glasgow))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**38008**	Receive Date:	**28-Dec-2013 07:48**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (25 years)**	Gender:	**M**
Address:	**83 Dee Gardens** **Dundee DD2 4JE**	Current Address:	**83 Dee Gardens** **Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**28-Dec-2013 07:48**	Calltype:	**Attend**
Advised:	**08:46**	Arrived PCC:	
Cons start:	**28-Dec-2013 14:57**	Cons End:	**28-Dec-2013 14:57**
Consulting Doctor:	**Hemal** [redacted]	Own doctor:	[redacted] [redacted]

Reported Condition:
SWOLLEN - BACK /TOP OF BUTTOCKS -2 DAYS -SEE A/V

Consultation details:

History -	**.**
Examination -	**.**
Diagnosis -	**did not attend**
Treatment -	**call closed**

Followups:
No Follow Up

Clinical Codes:
ZV6.. [V]Other reasons for encounter

NHS24 details:

Triage NHS24 -	**This call should be directed via consult telephony route.WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.** **TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.**
NHS24 Comments -	**PT HAVING PAIN AT BOTTOM OF BACK (TOP OF BUTTOCKS) THE AREA IS SWOLLEN DOES NOT LOOK RED BUT VERY PAINFUL. PT HAVING COLD SWEATS. PT FELT A BIT DIZZY A FEW HOURS A GO AND VOMITED ONCE BUT NOW OK WITH THESE SYMPTOMS. ((Non-Clinical User) (Cardonald))** **OPENED FOR RAPID TRIAGE AS PER NA** [redacted] **MOFFAT ((Non-Clinical User) (Glasgow))** **CALLED TWICE PHONE JUST RINGING OUT. ((Non-Clinical User) (Glasgow))** **DISCUSSED WITH NA** [redacted] **MOFFAT AND TO PUT**

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BACK INTO Q. ((Non-Clinical User) (Glasgow))

CALLED BACK IN AS MISSED CALL. NO WORSENING SYMPTOMS. ((Non-Clinical User) (Glasgow))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**39335**	Receive Date:	**29-Dec-2013 23:33**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (25 years)**	Gender:	**M**
Address:	**83 Dee Gardens** **Dundee DD2 4JE**	Current Address:	**83 Dee Gardens** **Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**29-Dec-2013 23:33**	Calltype:	**Attend**
Advised:	**23:46**	Arrived PCC:	**30-Dec-2013 01:01**
Cons start:	**30-Dec-2013 01:07**	Cons End:	**30-Dec-2013 01:28**
Consulting Doctor:	**Hemal** [redacted]	Own doctor:	[redacted] [redacted]

Reported Condition:

INGROWING HAIR ON BOTTOM 3 DAYS SEE AV

Consultation details:

History - **pilonidal sinus with pain++ on doxycycline no relief with paracetamol and ibuprofen, not able to sleep due to pain, see pcec with transport on account 4hrs**

fit and well 2/7 hx pilonidal abscess not responding to simple analgesia and doxycycline po bd
severe pain can't take it any longe rhe tells me feel unwell fevered shivery
no meds no allergies
smoker 30/40 day
unemployed etoh socially

Examination - **temp 38 pulse 112reg**
exquisitely tender peaking abscess left buttock
unable to sit feels fevered and shivery
5cm diameter exquisitely tender peaking abscess left side buttock
marked circumferencial erythema

Diagnosis - **pilonidal abcess left side buttock**

Treatment - **single stab incision made no peaking area prfuse offensive pustular discharge expressed to dryness**
d/w gen surgical reg nwh see ward 7 8.30am nbm for rv
stat diclofenac 75mg im
tto co-codamol 30/500 2tabs qds x20
script for metronidazole 40mmg po tds
continue with doxycycline 100mg po bd

Prescriptions:

metronidazole tablets 400mg 1 three times a day 21.00 co-codamol (codeine and paracetamol) tablets 30mg + 500mg 2tabs four times a day 20.00 diclofenac sodium injection 75mg/3ml as directed 1.00

Followups:

Referred To A&E/Hospital - ward 7 nwh 8.30am

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Clinical Codes:
M0... Skin/subcutaneous infections

NHS24 details:

Triage NHS24 -	**This call should be directed via consult telephony route.**
NHS24 Comments -	**HAS AN INGROWING HAIR ON THE BASE OF HIS BOTTOM - HAS SEEN THE OOH GP YESTERDAY AND WAS GIVEN ANTIBIOTICS BUT HE IS STILL IN SEVERE PAIN, TABLETS WERE MAKING HIM SICK. ((Non-Clinical User) (Glasgow))**
Disposition -	**Contact GP Practice within 4 Hours (as soon as possible)**

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This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.

NHS Tayside

Ninewells Hospital, Dundee
Discharging Ward: 7 (General Surgery (excl Vascular))

IMMEDIATE DISCHARGE LETTER

Dr. [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 31/12/2013
Letter Version: 1.0
Enquiries to:
Telephone:
Email:

[redacted] CAVANAGH, CHI: 2101880091, DOB: 21/01/1988, 83 DEE GARDENS, DUNDEE, DD2 4JE

[redacted] Code	Diagnosis	Date	Laterality	Principal / Other
	Left buttock abscess	**30/12/2013**		**Principal**

Diagnosis Comments

This gentleman was admitted with a 4 day history of increasing swrelling in his natal cleft. On the morning of admission he was reviewed by GP OOH services who had performed a stab incision of what was thought to be an abscess which was expressed to dryness. He presented for a general surgical opinion. On admission the abscess wasn't draining much more and the incsicion appeared adequate in size.

He was allowed home and asked to return on the 31/12/13 for re-review and to ensure the wound hadn't accumulated more pustular material. General surgical review today was satisfied with the condition of the wound and he is to contiue his oral antibiotics for a week.

If the wound is to prove problematic in the future them Mr Cavanagh shall contact primary care services for review and may ultimately require formal general surgical incision and drainage in theatre.

Date of Admission:	**30/12/2013**
Mode of Admission:	**Emergency**
Source of Admission:	**GP**
Admission Reason:	**Left buttock abscess**
Admission Ward:	**7**
Admission Speciality:	**General Surgery (excl Vascular)**
Discharge Type:	**Discharge from NHS inpatient/day case care**
Date Of Discharge:	**31/12/2013**
Discharge Destination:	**Private Residence - [redacted] relatives or friends**

Allergy Information

Allergy	Date Recorded	Comments
Adverse reaction to Amoxil	01/01/1997	
Adverse drug reactions	01/01/1997	AMOXIL

Medication Comments / Other Information

Patient was dispensed oral antibitics in the community in the form of doxycycline and metronidazole. HE is penacillin allergic and therefore could not recieve the standard flucloxacillin.

Information Given To Patient and [redacted]

As above

Communication To Primary Care

As above

CHI: 2101880091, Name: [redacted] CAVANAGH, Discharge Date: 31/12/2013

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Dr [redacted] Lloyd (Position: Doctor. Pager: _____)

Date/Time Signed Off: 31/12/2013 12:57:03

Discharge Consultant: CHANDRASEKAR VIJAYASEKAR

Appendix

No items have been appended to this letter.

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CHI: 2101880091, Name: [redacted] [redacted] CAVANAGH, Discharge Date: 31/12/2013

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This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.

NHS Tayside

Ninewells Hospital, Dundee
Discharging Ward: 17 (Trauma and Orthopaedic Surgery)

IMMEDIATE DISCHARGE LETTER

Dr. [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL

Date: 23/03/2015
Letter Version: 1.0
Enquiries to:
Telephone:
Email:

[redacted] CAVANAGH, CHI: 2101880091, DOB: 21/01/1988, 83 DEE GARDENS, DUNDEE, DD2 4JE

[redacted] Code	Diagnosis	Date	Laterality	Principal / Other
	left humeral shaft fracture			**Principal**

Date of Admission: **21/03/2015**
Mode of Admission: **Emergency**
Source of Admission: **A & E**
Admission Reason: **left humeral shaft fracture**
Admission Ward: **17**
Admission Speciality: **Trauma and Orthopaedic Surgery**
Discharge Type: **Discharge from NHS inpatient/day case care**
Date Of Discharge: **21/03/2015**
Discharge Destination: **Private Residence - [redacted] relatives or friends**

Allergy Information

Allergy	Date Recorded	Comments
Adverse drug reactions	01/01/1997	AMOXIL
Adverse reaction to Amoxil	01/01/1997	

Medications

Drug	Dose	Amount To Be Taken	Frequency	Duration	Quantity	Supply	Additional Information
Paracetamol 500mg tablets	1g	2 tablet	4 x a day			TTO	
Codeine 30mg tablets	30mg	1 tablet	4 x a day			TTO	
Codeine 30mg tablets	30mg	1 tablet	As required - for pain, 4-6 hourly 4 times a day maximum			TTO	

Medicines not checked by pharmacist before discharge. For any clinical information contact prescriber.

Care Arrangements

None

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Follow Up Details

Follow Up	Date	Date To Be Arranged
Fracture clinic in 2 weeks time please		

Communication To Primary Care

Dear Doctor

Mr Cavanagh was admitted with a left humeral fracture which he sustained after an armwrestling episode on a night out. He was given analgesia, will be managed conservatively, discharged and will be seen back in fracture clinic in 2 weeks time.

With kind regards

Dr [redacted] Van (Position: Doctor. Pager: _____)

Date/Time Signed Off: 21/03/2015 04:38:16

Discharge Consultant: GEORGE CHAMI

Appendix

No items have been appended to this letter.

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CHI: 2101880091, Name: [redacted] [redacted] CAVANAGH, Discharge Date: 21/03/2015

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NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL
S3344145

Date: 23 Dec 2014

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GARDENS
DUNDEE
DD2 4JE

Tel :

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **NW-14-045504-1**
No. of Previous Attendances: **19**
[redacted] **scaffolder**

Responsible Consultant: **A. Reddick**

The above patient was admitted to the Emergency Department on 23 Dec 2014 at 00:40 and discharged 23 Dec 2014 01:08 The complaint was **foot inj**. The letter was compiled by [redacted] **Baird , A+E SHO**.

ICE requests
1.XR Foot Lt

Diagnosis
Soft tissue, ligaments + tendons, Foot, Left
Alleged assault. Inversion injury to ankle whilst running away. XR normal.

Discharge : With no follow up
Destination : Usual place of residence

Yours sincerely

Accident & Emergency Dept

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NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL
S3344145

Date: 21 Mar 2015

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GARDENS
DUNDEE
DD2 4JE

Tel :

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **NW-15-009376-1**
No. of Previous Attendances: **20**
[redacted] **Unemployed**

Responsible Consultant: **A. Reddick**

The above patient was admitted to the Emergency Department on 21 Mar 2015 at 00:14 and discharged 21 Mar 2015 02:04 The complaint was **(L) Shoulder injury**. The letter was compiled by [redacted] **Mckie , A+E SHO**.

ICE requests
1.XR Humerus Lt

Diagnosis
Closed fracture, Distal end of humerus, Left

Procedures
Other limb immobilisation - Humeral brace

Discharge : Admitted
Destination : 17

Notes for GP
Arm wrestling another chap, sustained a comminuted fracture to the distal 3rd of his left humerus. Admitted for pain control and for discussion at trauma meeting

Yours sincerely

Accident & Emergency Dept

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Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	30/03/2015
Clinic Date	24/03/2015
Your Ref	
Our Ref	GL/BM/ 2101880091
Enquiries to	Mr Love - Fracture Clinic - 24 March 2015
Extension	
Direct Line	
Email	

Dear Dr [redacted]

[redacted] Cavanagh, 83 Dee Gardens, Dundee, DD2 4JE DOB: 21/01/1988

Diagnosis: Holstein [redacted] fracture left distal humerus

I saw this twenty-seven year old today in clinic. He is a left hand dominant unemployed gentleman who smokes 15-20 cigarettes a day. He was arm wrestling on Friday whilst intoxicated and sustained the above closed distal humerus fracture. His radial nerve is intact and there are no other distal neurovascular deficits. We have changed his off the shelf brace to an above elbow cast with shoulder extension and good position within the cast. We will see him back in four weeks' time to review and get an x-ray on arrival.

Yours sincerely

Authorised on 03/04/2015 12:22:13 by Gavin Love.

Mr Gavin Love
Consultant Orthopaedic Surgeon

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**13224**	Receive Date:	**29-Mar-2015 16:29**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (27 years)**	Gender:	**M**
Address:	**83 Dee Gardens**	Current Address:	**83 Dee Gardens**
	Dundee DD2 4JE		**Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**29-Mar-2015 16:29**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**16:43**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	[redacted] [redacted]

Reported Condition:
SORE LEFT ARM 6HRS SEE AV

Followups:
None

NHS24 details:

Triage NHS24 -	**This call will be transferred directly to a nurse via serious and urgent telephony route.**
NHS24 Comments -	**RETURN CALLER - BROKE ARM LAST FRIDAY - ARM IS IN CAST - PINS AND NEEDLES FEELING IN ARM - THUMB GOES NUMB INTERMITTANTLY - ARM TWITCHES AROUND BICEPS AREA ((User) (Edinburgh))** **CHSL. HAND PINK & CAN MOVE FINGERS. STATES CAN PUT FINGERS AROUND INSIDE OF CAST. SYMPTOMS WORSENING OVER PAST 6 HOURS. ADVISED A & E FOR REVIEW ((Nurse Advisor) (Cardonald))** **CHSL - D/W [redacted] MALCOLM - THERES ROOM AT TOP OF CAST AS CAN PUT FINGERS IN TOP OF CAST - COLOUR OF HAND IS PINK - PT CAN MOVE FINGERS - PT ADVISED NUMBNESS AND PINS AND NEEDLES HAVE GOT MORE FREQUENT IN LAST 6HRS - ADVISED PT TO ATTEND A&E ((User) (Edinburgh))**
Disposition -	**Accident & Emergency as soon as possible**

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NHS TAYSIDE
EMERGENCY DEPARTMENT
NINEWELLS HOSPITAL
01382 425744

DR. W [redacted]
TAYBANK MEDICAL CENTRE
10 [redacted] STREET
DUNDEE
DD4 6EL
S3344145

Date: 30 Mar 2015

Dear Doctor [redacted]

Your Patient: [redacted] **Cavanagh**
83 DEE GARDENS
DUNDEE
DD2 4JE

Tel :

Date of Birth: **21 Jan 1988**
ACHI Number: **2101880091**
A&E Attendance No: **NW-15-010492-1**
No. of Previous Attendances: **21**
[redacted] **Unemployed**

Responsible Consultant: **M.A.** [redacted]

The above patient was admitted to the Emergency Department on 29 Mar 2015 at 17:20 and discharged 29 Mar 2015 17:39 The complaint was L **ARM INJURY**. The letter was compiled by **Not Seen By Doctor**

ICE requests

Diagnosis
Soft tissue, ligaments + tendons,
Plaster problem

Discharge : With no follow up
Destination : Usual place of residence

Notes for GP
NHS 24 referral with plaster problem. Directed to plaster room for review. No ED input.

Yours sincerely

Accident & Emergency Dept

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**20623**	Receive Date:	**16-Apr-2015 22:51**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (27 years)**	Gender:	**M**
Address:	**83 Dee Gardens** **Dundee DD2 4JE**	Current Address:	**83 Dee Gardens** **Dundee DD2 4JE**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**16-Apr-2015 22:51**	Calltype:	**Attend (Transport)**
Advised:	**23:08**	Arrived PCC:	
Cons start:	**17-Apr-2015 00:25**	Cons End:	**17-Apr-2015 00:31**
Consulting Doctor:	**Janice Monro**	Own doctor:	[redacted] [redacted]

Reported Condition:
PAIN WORSE (L) SIDE OF CHEEKBONE TONIGHT 1 DAY SEE A/V

Consultation details:

History -	**Dental extraction Monday, now left cheek swollen and headache.**
Examination -	**Apyrexial T36.3, PERLA. Left cheek swollen, forcing closure of eye.**
Diagnosis -	**? Dental Abcess.**
Treatment -	**Codydramol 10/500mgs for pain overnight. Will attend Dental hospital in am for follow-up.**

Followups:
No Follow Up

Clinical Codes:
ZV6.. [V]Other reasons for encounter

NHS24 details:

Triage NHS24 -	**This call should be directed via consult telephony route.** **This call will be transferred directly to a nurse via serious and urgent telephony route.**
NHS24 Comments -	**HAS A HEADACHE WHICH IS GETTING WORSE RETURN CALLER CALLED EARLIER TONIGHT /HAD A TOOTH EXTRACTED ON MONDAY /RETURN CALLER ((Other Clinical User) (Glasgow))**
Disposition -	**Contact GP Practice within 4 Hours (as soon as possible)**

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Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

01382 620111
01382 496201
www.nhstayside.scot.nhs.uk

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	28/04/2015
Clinic Date	21/04/2015
Your Ref	
Our Ref	GL/GL/ **2101880091**
Enquiries to	Fracture Clinic - Mr G Love
Extension	35170
Direct Line	01382 425170
Email	[redacted]

Dear Dr [redacted]

[redacted] **Cavanagh, 83 Dee Gardens, Dundee, DD2 4JE DOB: 21/01/1988**

Diagnosis: [redacted] **fracture left distal humerus**

[redacted] has failed to attend. He will be sent a further appointment.

Yours sincerely

Authorised on 30/04/2015 12:45:56 by Gavin Love.

Mr Gavin Love
Consultant Orthopaedic Surgeon

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Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr [redacted]
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date	14/05/2015
Clinic Date	05/05/2015
Your Ref	
Our Ref	GL/DA/ 2101880091
Enquiries to	Mr G Love's Fracture Clinic
Extension	32453
Direct Line	01382 660111
Email	denise.adams2@nhs.net

Dear Dr [redacted]

[redacted] Cavanagh, 83 Dee Gardens, Dundee, DD2 4JE DOB: 21/01/1988

Diagnosis: [redacted] **fracture left distal humerus – 21.3.15**

This young man has not attended his appointment with me on several occasions now. I have not sent for him again. I would be grateful if you could let me know if he has moved away from the area. His cast was removed in the Plaster Room some time ago.

Yours sincerely

Authorised on 25/05/2015 12:04:27 by Gavin Love.

Mr Gavin Love
Consultant Orthopaedic Surgeon

Since this letter was dictated, he has now attended, further letter to follow

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Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical [redacted]
Dundee. DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman. Mr [redacted] OBE DL
Chief Executive. Ms Lesley McLay

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Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr Smaira [redacted]
Taybank Medical Centre
10 [redacted] Street
Dundee
DD4 6EL

Date 28/05/2015
Clinic Date 19/05/2015
Your Ref
Our Ref GL/AS/ **2101880091**
Enquiries to Mr Love's Fracture Clinic
Extension 35578
Direct Line 01382 660111
Email [redacted]

Dear Dr [redacted]

[redacted] **Cavanagh, 83 Dee Gardens, Dundee, DD2 4JE DOB: 21/01/1988**

Diagnosis: [redacted] fracture left distal humerus 21/03/15

[redacted] finally decided to come to Clinic today. He has missed several appointments due to sleeping in. I haven't seen him since the end of March. He has been doing well in a brace and has been looking after his skin. He remains neurovascularly intact. X-ray shows early callus formation although I wouldn't call this united yet. He tells me he has been trying to lift very small weights with this arm and I have strongly advised him against this. He has not been doing much with his elbow though and he is unable to extend it beyond about 30°. I have referred him for physiotherapy for this and I will bring him back in four weeks time to get a further x-ray and hopefully remove the brace at this time.

Yours sincerely

Authorised on 01/06/2015 12:26:34 by Gavin Love.

Mr Gavin Love
Consultant Orthopaedic Surgeon

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Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

[redacted] Cavanagh
83 Dee Gardens
Dundee
DD2 4JE

Date 22/06/2015
Clinic Date 16/06/2015
Your Ref
Our Ref GL/AS/ **2101880091**
Enquiries to Mr Love's Fracture Clinic
Extension 35578
Direct Line 01382 660111
Email [redacted]

Dear [redacted] Cavanagh

[redacted] Cavanagh, 83 Dee Gardens, Dundee, DD2 4JE DOB: 21/01/1988

Diagnosis: Holstein [redacted] fracture left distal humerus 21st March

You were due to see me in Fracture Clinic but didn't arrive. I hope you are getting on well with physiotherapy and have managed to attend a few sessions with them. I haven't arranged a further review for you but if you wish to be seen then contact my secretary on (01382) 425718.

Yours sincerely

Authorised on 23/06/2015 10:39:48 by Dr [redacted] Pabla.

Mr Gavin Love
Consultant Orthopaedic Surgeon

(D) Dr [redacted] Taybank Medical Centre, 10 [redacted] Street, Dundee, DD4 6EL, DD4 6EL

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Physiotherapy Service

NHS
Tayside

Taybank Medical Centre
10 [redacted] Street
Dundee

DD4 6EL

25/06/2015

[redacted] **CAVANAGH, 2101880091**
83 DEE GARDENS, DUNDEE, , DD2 4JE

We are writing to inform you that the above patient was given a Physiotherapy appointment on Thu 25 Jun 2015 but failed to attend. He/She will therefore be discharged.

If you require [redacted] to be given a further appointment, please contact the department on 01382 632628/632744.

Yours Sincerely,

[redacted] **Kendall**
Head of Service

[redacted]
Date: 25/06/2015
Our Ref: SARAHLAING 2101880091
Letter: PRIMR5KDNG
Clinic: R5SEN8N

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
1010169963719

REFERRAL TO

Physiotherapy MSKR5TV
TAY General Referral

Consultant / receiving practitioner and/or specialty clinic

Kings [redacted] Hospital
Clepington Road
Dundee
DD3 8EA

Hospital and hospital address

Hospital unit no.: T104H

Email address: -

Date of Referral (set by referrer) 17-Sep-2018
Date referral was submitted 17-Sep-2018
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	Cavanagh
Forename(s)	[redacted]
Title	Mr.
Sex	Male
Date of birth	21-Jan-1988
CHI no.	2101880091

Patient's address:
77a Dunholm Road
Dundee
DD2 4RR

Contact number(s):
Voice: 07375 918964

REGISTERED GP DETAILS

Name	Dr WJ [redacted]		
GMC code	3344145	GP code	71048
Practice name	Taybank Medical Centre		
Practice code	11128		

Practice address:
Taybank Medical Centre
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

REFERRING PRACTITIONER DETAILS

Name	Dr. Pascal Scanlan		
GMC code	3698806	GP code	70203
Practice name	Taybank Medical Centre (11128)		
Practice code	11128		

Practice address:
10 [redacted] Street
Dundee

Contact number(s):
Voice: 01382 461588

Periods of Future Unavailability None provided.

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Low back pain

Comment: I would be grateful if [redacted] Cavanagh, a 30 year old man, could be seen at your clinic in the near future for assessment and help with significant back pain. He has had low back pain for some months but it got particularly bad at the start of August. He had already been on co-codamol 30/500 from when he had been seen with it back in the middle of May. He had self referred to physio and phoned up but didn't get an appointment. On examination he was quite distressed with his pain to the extent that I have had to increase his analgesia to dihydrocodeine. He is also on capsaicin and ibuprofen gel.

On examination he had no spinal tenderness but did have pain on all spinal movements.

Many thanks.

Examinations and Investigations

Trying to give up smoking : 2017-05-31

Alcohol consumption, 4 units/week: 2013-02-21

Most recent height, weight, BMI and Blood Pressure

Height:	125	m	Recorded Date:	None provided
Weight:	78	Kg	Recorded Date:	None provided
BMI:	19.2	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	N/A	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Acute reaction to stress	-	-	-	05-Sep-2018
Closed fracture of humerus, shaft	-	-	-	30-Mar-2015
Closed fracture of humerus, shaft (Left)	Left	-	-	20-Mar-2015
Overdose of drug	-	-	PARACETAMOL AND CITALOPRAM	29-Apr-2009
Closed fracture metatarsal base	-	-	LEFT 4TH	16-Oct-2008
Fracture of one or more phalanges of hand	-	-	LEFT - MIDDLE	06-Sep-2007
Closed fracture of the distal radius, unspecified	-	-	RIGHT	25-Jan-2007

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Capsaicin Cream 0.075 %	-	90 gram	APPLY FOUR TIMES DAILY	-	05-Sep-2018	42 Days
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	56 tablet	1-2 NOCTE	-	05-Sep-2018	42 Days
Paracetamol Tablets 500 mg	0407010H0AAAMAM	200 tablet	2 QID	-	05-Sep-2018	42 Days
Dihydrocodeine Tablets 30 mg	0407020G0AAACAC	100 tablet	1-2 QID	-	27-Aug-2018	51 Days
Tramadol Hydrochloride		100			17-Aug-	

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Capsules 50 mg	040702040AAAAAA	CAPSULE	2 QID	-	2018	7 Days

Clinical warnings

Allergies

Adverse reaction to Tramadol Hydrochloride - insomnia/dizziness
Adverse reaction to Amoxil
Adverse drug reactions - AMOXIL

Additional relevant information

Administrative information

Referred By:Registered GP

Family conditions

Description	Modifier	Extension	Relation to patient	Date of onset
FH: Diabetes mellitus	-	-	-	18-Jun-1997

Signature of referring doctor (or other professional) Date

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te: 11/03/2016 Time: 17:09 To: Taybank T1248-3-1 DUNDEE @ ,01382452121 NHS
Page: 001

NHS 24 FAX REPORT

NHS 24 ID:	[redacted] ID: 17387135	Site:	Cardonald
CHI#:	2101880091	Caller Name:	
Surname:	CAWKNAGH	Date/Time Call Received:	11/03/2016 17:02
Forename:	[redacted]		
DOB:	21/01/1988	Date Call Completed:	
Gender:	Male	Time Call Completed:	
Address:	63 Dee Gardens	Call Priority:	CS3
		Call Reason:	SWOLLEN PENIS, 6HRS, SEE A/V
	Dundee	Current Location:	63 Dee Gardens
	DD2 4JE		Dundee
PH NO:	07724652902 (Return)		DD2 4JE
		Special Directions:	Intercom/Buzzer Entry
		Current PH NO:	07724652902 (Return)
Care Provider:	[redacted]	Care Provider Details:	10 [redacted] ST
			DUNDEE
			DD4 6EL
			Scotland
Temporary Resident:	No		

Referred To: Recommended Action:

CLINICAL SUMMARY
SWOLLEN PENIS FOR 6 HRS AND WOKE UP & PENIS APPEARS TO BE APPROX DOUBLE THE SIZE - UNAWARE OF ANY INJURY - NO OTHER SYMPTOMS.

ADVISED IN HOURS ACTION - CONTACT OWN GP.

PAST MEDICAL HISTORY
MEDICAL PROBLEMS

MEDICATIONS
AS PER ECS
ALLERGIES
PENICILLIN

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: Signature:

Confidential Call ID: 17387135 - 11/03/2 Page 1 of 1

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**56010**	Receive Date:	**8-Feb-2017 13:34**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (29 years)**	Gender:	**M**
Address:	**G/L** **77 Dunholm Road** **Dundee DD2 4RR**	Current Address:	**G/L** **77 Dunholm Road** **Dundee DD2 4RR**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**8-Feb-2017 13:34**	Calltype:	**Telephone Advice**
Advised:	**13:42**	Arrived PCC:	
Cons start:	**8-Feb-2017 13:47**	Cons End:	**8-Feb-2017 13:56**
Consulting Doctor:	[redacted]	Own doctor:	[redacted]

Reported Condition:
RAN OUT OF MEDS SEE A/V

Consultation details:

History - **patient has run out of his codeine, zopiclone for back pain. made an appointment on Monday for today but slept in.**

Examination - **None**

Diagnosis - **Medication request**

Treatment - **advised to contact surgery in the morning. To use paracetamol/ibuprofen till then.**
Other option. emergency supply if he has been on this regularly.

Followups:
Patient Advised To Contact Own GP

Clinical Codes:
8B3H. Medication requested

NHS24 details:

NHS24 Comments - **ZOPICLONE, CODEINE. BACK PAIN TODAY ((User) (Glasgow))**
AS D/W TL [redacted] - DR TO PHONE 4 HOURS ((User) (Glasgow))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**56070**	Receive Date:	**8-Feb-2017 15:48**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (29 years)**	Gender:	**M**
Address:	**G/L** **77 Dunholm Road** **Dundee DD2 4RR**	Current Address:	**G/L** **77 Dunholm Road** **Dundee DD2 4RR**
Return Contact No:			
Tel No:	**07871 819622**		**07871 819622**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**8-Feb-2017 15:48**	Calltype:	**Attend**
Advised:	**16:04**	Arrived PCC:	**8-Feb-2017 19:06**
Cons start:	**8-Feb-2017 19:32**	Cons End:	**8-Feb-2017 19:42**
Consulting Doctor:	[redacted] **Gemmell**	Own doctor:	[redacted] [redacted]

Reported Condition:
ACCESS TO MEDICATION SEE AV

Consultation details:

History - **LANSOPRAZOLE, CODEINE 30MG ZOPLICONE 7.5MG MELOXICAM. OOH GP CALLED BACK ADVISED TO GO TO PHARMACY FOR EMERGENCY SUPPLY PHARMACY ADVISED TO CALL BACK FOR AN APPOINTMENT**

This time re back pain. Last call was because he run out of his codeine and zopiclone.
He seems to be on meloxicam and lansoprazole, has enough. This is not covering his pain to his liking.
He was told that we should and could book him an appointment to be seen in KingsCross.
Claims Codeine is helping that extra bit for his pain.
Plan forward to the hub for apptm.
Claims not to tolerate cocodamol. He has tried cocodamol 8/500 and 15/500 but he only feels good effect from codeine 30 mg.
Claims he has been able to reduce from 8/24 to 6/24 hours.
Claims not to get appointment in his practice if he phones tomorrow am.

Examination - **Phone contact only.**

Seen but not examined as moved very freely without distress, also c/o pain left wrist but nil on exam

Diagnosis - **Back pain. Looking for more pain relief.**

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Treatment - **Nil provided.**

When seen given short term Px

Prescriptions:
codeine phosphate tablets 30mg 1 -2 tab up to four times a day as required 28.00
zopiclone tablets 7.5mg 1 tab daily 7.00

Followups:
No Follow Up

Clinical Codes:
ZV6.. [V]Other reasons for encounter

NHS24 details:

Triage NHS24 - NHS24 Comments - **CALL HANDLER: If uncertain about this disposition please alert a Team Leader and document apprpriately within the call record. RETURN CALLER - LANSOPRAZOLE, CODEINE 30MG ZOPLICONE 7.5MG MELOXICAM. OOH GP CALLED BACK ADVISED TO GO TO PHARMACY FOR EMERGENCY SUPPLY PHARMACY ADVISED TO CALL BACK FOR AN APPOINTMENT ((User) (Glasgow))**

DW TL [redacted] [redacted] ADVISED TO RESEND AS SPEAK TO GP ((User) (Glasgow))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**

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NHS Tayside

Emergency Department Ninewells Hospital

WJ [redacted]
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr [redacted] Cavanagh
77A DUNHOLM ROAD
Dundee
DD2 4RR

Date of Birth: 21/01/1988
ACHI Number: 2101880091
ED Attendance Number: E0000037993
No. of Previous Attendances: 0
Occupation:
[redacted]
Responsible Consultant:Dr [redacted]

The above patient attended the Emergency Department Ninewells Hospital on 28/12/2017 at 21:12 and was discharged with no follow up on 28/12/2017 at 23:00. The letter was compiled by [redacted]

Diagnosis:		
Description	Body Site	Laterality
ED injury - soft tissue - Ligament strain		

Diagnosis Comments: fell onto right shoulder. Pain over AC joint. Active flex/abd decreased. Good passive movement and distally nv intact. XR NBI. D/c with shoulder injury leaflet and anaglesia,worsening advice.

Investigations: XR Shoulder Rt

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
[redacted]

Created on 28/12/2017 23:00 by [redacted] Version 1 Page 1 of 1

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NHS Confidential: Personal data about a patient

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**71154**	Receive Date:	**4-Jul-2019 19:44**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (31 years)**	Gender:	**M**
Address:	**G/L**	Current Address:	**Tesco Extra**
	77 Dunholm Road Dundee DD2 4RR		**South Road Dundee DD2 4SR**
Return Contact No:			
Tel No:	**07375 918964**		**07375 918964**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**4-Jul-2019 19:44**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**19:52**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	[redacted] [redacted]

Reported Condition:
KNUCKLE INJURY - 1 AND 1/2 HALF AGO

Followups:
None

NHS24 details:
Disposition - **Accident & Emergency / MIU within 4 Hours**

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NHS Tayside

Emergency Department Ninewells Hospital

WJ [redacted]
11128/1,Taybank Medical Centre
10 [redacted] Street, Dundee
Dundee
DD4 6EL

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Mr [redacted] Cavanagh
77A DUNHOLM ROAD
Dundee
DD2 4RR

Date of Birth: 21/01/1988
ACHI Number: 2101880091
ED Attendance Number: E0000153194
No. of Previous Attendances: 0
Occupation:
[redacted]
Responsible Consultant:Dr [redacted]

The above patient attended the Emergency Department Ninewells Hospital on 04/07/2019 at 20:10 and was discharged with no follow up on 04/07/2019 at 22:50. The letter was compiled by [redacted] Baird

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound - Contusion includes bruise, haematoma	Hand	Left

Diagnosis Comments: Punched pole by accident. Bruise to knuckles. No bony injury on XR.

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
[redacted] Baird

Created on 04/07/2019 23:11 by [redacted] Baird Version 1 Page 1 of 1

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NHS Confidential: Personal data about a patient

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**68855**	Receive Date:	**3-Apr-2020 09:19**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	[redacted] **(32 years**	Gender:	**M**
Address:	**G/L** **77 Dunholm Road** **Dundee** **DD2 4RR**	Current Address:	**G/L** **77 Dunholm Road** **Dundee** **DD2 4RR**
Return Contact No:			
Tel No:	**07375 918964**		**07375 918964**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**3-Apr-2020 09:19**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**09:29**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	[redacted] [redacted]

Reported Condition:
Possible Coronavirus : COUGH 10 DAYS.

Followups:
None

NHS24 details:
Disposition - **Self Care**

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Tayside Out of Hours Service OOH Call Incident Report

Call number:	**34379**	Receive Date:	**18-Oct-2020 08:39**
Patient's Name:	[redacted] **Cavanagh**		
Date of birth:	**21-Jan-1988 (32 years)**	Gender:	**M**
Address:	**G/L** **77 Dunholm Road** **Dundee** **DD2 4RR**	Current Address:	**G/L** **77 Dunholm Road** **Dundee** **DD2 4RR**
Return Contact No:			
Tel No:	**07375 918964**		**07375 918964**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**18-Oct-2020 08:39**	Calltype:	**Telephone Advice**
Advised:	**08:52**	Arrived PCC:	
Cons start:	**18-Oct-2020 09:34**	Cons End:	**18-Oct-2020 09:57**
Consulting Doctor:	[redacted] **Patullo**	Own doctor:	[redacted] [redacted]

Reported Condition:
TOE INJURY 30 MINS SUSPECT BROKEN

Consultation details:

History - **suspected broken toe 2nd toe right - accidentally kicked hoover after spilling juice and jumping up off of sofa this am**
weight bearing- 2nd toe on right foot- marked swelling and pain ? broken
Pain relief-Paracetamol taken 08:00 with little effect , normally takes co-codamol but has left it at his [redacted] house in Forfar
Patient is going to strap toe and does not wish further review of this - would like access to co-codamol
Advised - [redacted] for toe
To seek further review if any vascular compromise noted - red flag signs and symptoms given
Co-codamol to be issued and patient will get someone to collect at KXH

Discussed with Dr K Maccullum

Diagnosis -**Toe injury**

Prescriptions:
Co-codamol 30mg/500mg tablets No more than 8 tablets in 24 hrs 30.00

Followups:
No Follow Up

Clinical Codes:

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16D.. Falls

NHS24 details:
Disposition
-
Contact GP Practice within 4 Hours (ASAP)

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Ward/Clinic		CHI	2101880091
Hospital	Kings [redacted]	Surname	CAVANAGH
Clinician	[redacted] Worthington	First Name	[redacted]
Date	07/01/2021	Address	77A DUNHOLM ROAD DUNDEE DD2 4RR
		GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: chronic mechanical lower back pain

Comment/Recommendations: consent. pt reports he injured his back in the gym doing heel raises with weigth and felt his back go. has had problems since. 2015 had some physio - exercises - this helped for a very short time. central and left side lower back paain. no referral down legs. agg - cold weather, sitting, ease - dermacool, paracetamol. has had tramadol, dododamol, dyhydracodein but has stopped these due to the side effects. sleep - wakes him some nights. no 24 hour pattern. PMH - nil. medication - nil. no Hx Ca or TB. pt well in him self. no weight loss. no baldder/bowel/saddle disturbance. objective assessment: no back pain in standing. AROM Lx Sp flexon - 3/4 no pain, Extension - pain, RSF - 3/4 pain, LSF - full no pain. clinical impression: chronic mechanical lower back pain. plan - exercises. advised general exercises and roll in managing back ain. advised on symptoms of CES and if present immidaiitly to AE. pt to book back in through GP in 3-4 weeks if no improvment in symptoms.

Follow up by clinic required: No

Specific Monitoring Required: No

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NHS Tayside Communication to GP

Ward/Clinic		CHI	2101880091
Hospital	Kings [redacted]	Surname	CAVANAGH
Clinician	[redacted] Rear	First Name	[redacted]
Date	25/01/2021	Address	77A DUNHOLM ROAD DUNDEE DD2 4RR
		GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: Failed encounter - no reply. No VM.

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No

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Duncan Rear | Advanced Physiotherapist | Tel:01382 [redacted]
Ninewells Switch Board Tel:01382 [redacted]

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NHS Tayside Communication to GP

Ward/Clinic		CHI	2101880091
Hospital	Kings [redacted]	Surname	CAVANAGH
Clinician	[redacted] Worthington	First Name	[redacted]
Specialty	PHYSIOTHERAPY	Address	77A DUNHOLM ROAD DUNDEE DD2 4RR
Date	20/07/2021	GP/Address	Taybank Medical Centre 10 [redacted] Street Dundee DD4 6EL

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: mechanical lower back pain

Comment/Recommendations: consent. pt reports perisistant but IM left side lower back pain with out radiation. agg by sitting. ease - cocodamol and dermacool. PMH - NAD. no Bladder/bowel/saddle disturbance. objective examination: obs - pt over weight. AROM Lx SP F=3/4 P, E=1/2 P, LSF=3/4 pain, RSF=full no pain. PROM hips both restricted into flexion with back pain. ER and IR NAD. SLR70 left and rigth - tight hams. garding and tension left paraspinals. pain on PA L4 and 5 and left SIJ. tight quads pulling on back. plan - home exercises program, referral to physio. advised general exercise and weigth loss. pt happy with plan

objective examinatio

Follow up by clinic required: No

Specific Monitoring Required: No

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Kim Worthington | Physiotherapist | Tel:01382 425868
Ninewells Switch Board Tel 01382 660111

Scanned Document
27-Mar-2023 Dr Fiona Bullions
Additional: Scanned Document
Other Attachment : FitNote.pdf FitNote.pdf, (Diagnosis: back pain; Duration: 27/03/2023 - 24/04/2023)
Filename: 00R8S001.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Robert Carlsson Beattie

I assessed your case on: 27 /03 / 2023

and, because of the following condition(s): back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] [redacted]~~adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 28 Day(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [redacted] Bullions

Issuer's profession Doctor

Date of statement 27 /03 / 2023

Issuer's address
Taybank Medical Centre
10 [redacted] Street
Dundee, DD4 6EL
Telephone: 01382 461588

Unique ID: Med 3 04/22

6C1B5DEA-CC7F-4D76-A75C-D343EBC3608A

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to [redacted] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search [redacted] Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ BEATTIE

Other names ROBERT CARLSSON

Address 39 CRAIGIE DRIVE
CRAIGIEBANK
DUNDEE **Postcode** DD4 7PS

Date of birth 19 / 05 / 1958 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

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