

**DISCHARGE SUMMARY (DIAGNOSIS CARD) - SURGERY/PROCEDURE**

**PATIENT INFORMATION**

Full Name Miss K. W. Clemons, BSc

Address \_\_\_\_\_

Age 1.5y Sex  Male  Female UHD \_\_\_\_\_

BHT \_\_\_\_\_ Ward/Unit \_\_\_\_\_

Date of admission 21/10/14 Blood group (if not known specify) \_\_\_\_\_

Date of discharge       Allergies \_\_\_\_\_

Primary specialist Dr Mangala Dhanapala (ENT)  
 Anesthetist Dr Dawn Day  
 Other specialists Dr Dawn Day (ENT)

Final diagnosis g.c. Subnasal lens

L. Lensectomy + IOL ut eye

Surgery/Procedure L. IOL ut eye

Mode of anaesthesia GA  
 MODEL: MAGSAC  IBS   
 POWER: **21.0D**  UV   
 Wavelength: 18 lines Acroptra  
 CRITICAL DIM: 1282554 048 Atom Lasertechnik Inc

Reasons for admission L. h. v. eye 6/4  
G. h. v. eye 6/4  
U. h. v. eye 6/4

Patient's condition on discharge \_\_\_\_\_

Management plan on discharge and follow-up instructions  
21.10.14 at Durdans Hospital

FULL NAME/SEAL OF THE MEDICAL OFFICER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Dr Mangala Dhanapala  
 Consultant Vitreo Retinal Surgeon  
 Durdans Hospital

FULL NAME/SEAL OF THE PRIMARY SPECIALIST \_\_\_\_\_ SIGNATURE \_\_\_\_\_

In an emergency please contact +64 11 2780 643/645

For ward or unit please contact \_\_\_\_\_