



FAMILY NAME	MEINORICKS	MRN
GIVEN NAME	CLEOFF	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B.	04 / 11 / 62	M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

# PROGRESS / CLINICAL NOTES

Date and Time (use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

18/09/18  
0200

UROLOGY CLINIC

SS  
 PC - Frank haematuria + (R) flank tenderness, weight loss.  
 °trauma °Fever °S+S of renal colic

PMHx - HT + asthma.

MEDS - ramipril + PRN salbutamol

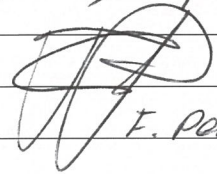
O/E - mild (R) flank tenderness, no palpable mass

- Dipstick: blood +++

- CT - lobulated heterogeneous mass invading right kidney upper and middle pole.

PLAN - X-ray lumbar spine + CXR - aimed for metastatic disease!

- renal biopsy - next Tuesday 25/09/18

  
 F. Porreli

AMO

I attest that I have reviewed the notes (signed)

Date

WP20-SI-CM11-Clin R

NO WRITING



SMR050001

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606513 301213

PROGRESS / CLINICAL NOTES

SMR050.001