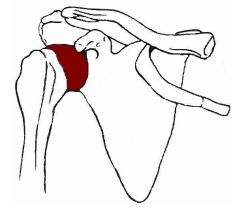
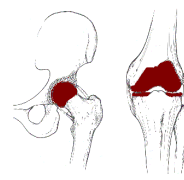


DR SA PEACH

MBChB (PRET) M MED ORT (PRET) GKS (SA) ORT
PR 2807122



ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON

LIFE EUGENE MARAIS HOSPITAL
MEDICAL VILLAGE
SUITE 3
5^{de} LAAN 683
LES MARAIS 0084

LIFE FAERIE GLEN HOSPITAL
CNR. ATTERBURY & OBERON AVENUE
FAERIE GLEN
0043

PO BOX 59000
Karenpark
0118

TEL: (012) 335 9514 / 21/36 (Eugene Marais)
FAX: (012) 335 1856 / 9591 (Eugene Marais)
TEL: (012) 348 4601 (Faerie Glen)
Email: andrepeach@lantic.net

PATIENT DISCHARGE FORM

Treatment Plan Post Operative :

Post-operative – Physiotherapy for \pm weeks. Phone **Linda Peach Physiotherapists** to book an appointment 1 week after discharge. When consulting another physiotherapist, the above-mentioned physiotherapists can be contacted for the treatment protocol.

Wounds: _____

Date discharged: _____ **Physician satisfied:** Yes No Did not see physician

PROGNOSIS:

- i _____
- ii _____
- iii _____
- iv _____
- v _____

FOLLOW UP APPOINTMENT:

PLEASE PHONE IN TIME (012) 335 9514, TO MAKE AN APPOINTMENT

2 WEEKS

3 WEEKS

4 WEEKS

6 WEEKS

PRESCRIBED MEDICATION

MEDICATION	DOSAGE	FREQUENCY	QUANTITY

NB ! ! IF you run out of MEDICATION, PLEASE CALL THE Rooms IN WORKING HOURS FOR A REPEAT PRESCRIPTION

NOTE:

DR. SA PEACH

PATIENT

DATE