



**KYABRAM DISTRICT  
HEALTH SERVICE**

**URGENT CARE CENTRE**

**TREATMENT SUMMARY**

UR No.

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Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

V.M.O. \_\_\_\_\_

D.O.B.

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Sex

Affix Patient Label here

**KDHS CONTACT PHONE NUMBER: (03) 5857 0200**

Urgent Care Centre Presentation Date: ...../...../.....      Time of Arrival: .....

Presenting complaint/Clinical Issues identified: .....

Provisional Diagnosis or by GP (If seen) or RIPERN HMP.....

Care Given: *include investigations and attach results*

Referrals made: .....

Patient Instructions: .....

G.P. Follow-up required: Yes  No

Name: ..... Designation: ..... Signature: .....  
*Please print*

Summary faxed to..... Fax number: .....

Date: ...../...../.....

Note: Kyabram& District Health Service is committed to protecting the privacy of patient and staff information. This information is sent on the express condition that the recipient must comply with the obligations relating to confidentiality and privacy as contained in the *Health Records Act 2001*. And the *Information Privacy Act 2000*.

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Thank you for your cooperation.

URGENT CARE CENTRE TREATMENT SUMMARY

MR/041