

OCT 16 1968

O.H.S.C. NO.

ROOM NO.

THE WELLESLEY HOSPITAL CHART SHEET

PATIENT'S SURNAME: DE BRUIN 33352006
 GIVEN OR CHRISTIAN NAMES: MARIANNE N
 ADMISION NO.: 8808
 STREET ADDRESS (OR R. R.): 1102 BROADVIEW AVE
 BABY: GIRL TOWN OR VILLAGE: TORONTO 6
 COUNTY OR DISTRICT: E. YORK AGE: NB F SEX: F S.M.W.D.: TORONTO U.C. RELIGION: E. YORK
 EMERGENCY NOTIFY: BOROUGH ADDRESS: MRS MARIANNE DE BRUIN
 ADDRESS: SAME PHONE NUMBER: 461-2136
 RELATIONSHIP: MOTHER PATIENT'S OCCUPATION: INFANT
 PREVIOUSLY ADMITTED: SAME

ROUTINE TESTS

HEMOGLOBIN YES NO
 URINALYSIS YES NO
 OTHER (SPECIFY)

DISCH DATE: 24 9 68 TIME: 11:05 AM
 ADM DATE: 8 9 68 TIME: 6:35 A.M.
 REFERRED IN BY: DR. J. R. NORRIS
 ATTENDING PHYSICIAN: DR. J. R. NORRIS

TRANSFERS

DATE	ROOM	ACCOM.	SERVICE

ROOM: N RATE: 9.00
 MAIDEN NAME: PROVISIONAL DIAGNOSIS: NEWBORN 7-10
 DATE AND ADDRESS OF PREVIOUS ADMISSION: ADMIS. X P
 REFERRING DOCTOR'S ADDRESS: OTHER INSURANCE (COMPANY & NO.):
 PATIENT'S (GUARANTOR'S) EMPLOYER: GM/ PFIZER CO. OF CANADA LTD. ARNPRIOR, ONT.
 ADDRESS: TEL. NO.:
 GUARANTOR'S OCCUPATION: ADDRESS: TEL. NO.: GRAND MOTEL GUARANTOR'S RELATION:

FINAL DIAGNOSIS: Normal baby girl. CODE NUMB: 1/201

COMPLICATIONS: Nil.

OPERATIONS, SPECIAL PROCEDURES: Nil

NUMBER OF CONSULTATIONS:
 RESULTS: RECOVERED IMPROVED NOT IMPROVED NOT TREATED LEFT AGAINST ADVICE AUTOPSY
 DISCHARGED TO (HOME OR NAME OF INSTITUTION):

FINAL NOTE:
 INFECTION REPORT
 A. ALL SERVICES
 1. ADMITTED WITH INFECTION YES NO
 IF YES STAPHYLOCOCCAL YES NO
 2. INFECTION DEVELOPED IN HOSPITAL YES NO
 IF YES STAPHYLOCOCCAL YES NO
 B. OPERATIVE CASE
 1. CLEAN OPERATION YES NO
 2. POST OPERATIVE WOUND INFECTION YES NO
 IF YES STAPHYLOCOCCAL YES NO

SIGNATURE OF INTERNE: *[Signature]*
 SIGNATURE OF ATTENDING PHYSICIAN: *[Signature]*

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