



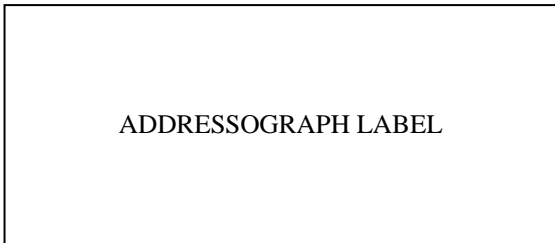
Government of **Western Australia**
Department of **Health**

WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

NEONATAL DISCHARGE / TRANSFER LETTER

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



Dear Doctor.....,

Thank you for your ongoing care of baby.....

Maternal History:.....

Neonatal History:

D.O.B:...../...../.....

Gestation:.....weeks

Birthweight:.....gm

Inpatient problems:.....
.....
.....

Inpatient management:.....
.....
.....

Follow-up / monitoring required:.....
.....
.....

Thank you for your ongoing care of this family,

Regards

Signature.....

PRINT NAME.....

Designation.....

Staff of the Neonatal Clinical Care Unit, KEMH