



Albury Wodonga Private Hospital

Part of Ramsay Health Care



Murray Valley Private Hospital

Part of Ramsay Health Care



The Border Cancer Hospital

Part of Ramsay Health Care

## Notification Of Post Discharge Readmission/Complication

UR No: _____	
Surname: _____	
Given Name: _____	
D.O.B: _____	Sex: _____
(Affix Patient Identification label here)	

This is a courtesy correspondence to notify your facility that post discharge

Mr/Mrs/Ms/Dr: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Discharging facility: \_\_\_\_\_

☐ was re-admitted to another facility

Facility name: \_\_\_\_\_

☐ Developed a complication

☐ Deceased

Additional Details

Is a clinical review is required? ☐ Yes ☐ No

Details of review requested

Kind regards;

Attending VMO name \_\_\_\_\_

Signature \_\_\_\_\_

Fax to 02 6022 4570.