**DISCHARGES & TRANSFERS**

Please include patient label (or Name and NHI) WARD……………………..

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| --- | --- |
| *Place patient label here or add:**Name: …………………………………………**NHI:* | DATE: ……………… TIME: …………………Transferred to WD: …… DL……..Other…….Discharged to (please tick)HM…. BOI…. KTA…. DRL…. WHG….AKLD…..Other…………………………………..Comment  |
| *Place patient label here or add:**Name: …………………………………………**NHI:* | DATE: ……………… TIME: …………………Transferred to WD: …… DL……..Other…….Discharged to (please tick)HM…. BOI…. KTA…. DRL…. WHG….AKLD…..Other…………………………………..Comment |
| *Place patient label here or add:**Name: …………………………………………**NHI* | DATE: ……………… TIME: …………………Transferred to WD: …… DL……..Other…….Discharged to (please tick)HM…. BOI…. KTA…. DRL…. WHG….AKLD…..Other…………………………………..Comment |
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**Sunday 9pm** through to **Saturday 5.30am** fax ext. 7055 or scan to email: front.reception@northlanddhb.org.nz

**Saturday** and **Sunday 5.30am** to **9pm** fax ext. 7062 or scan to email: admissions@northlanddhb.org.nz *(front reception is closed during these times and discharges and transfers will be delayed if they are not sent to the correct area at the correct time)*