



"Government of West Bengal"
"Gorkhaland Territorial Administration"
Department of Health & Family Welfare
District Hospital, Darjeeling

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: *QR-076* Date/Year: *12/4/19* Time:.....
Name: *Kumar Parujar* Age: *65y* Sex: *M* Son/Daughter/Wife of:.....
Patient's Address:..... Ph. No.
Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

K/c of CKD ↓ HD

blood urea. *39.2*

creatinine *2.94*

Rx

admⁿ in Dialysis
unit

2 from NOLC 205

Day

Signature of the Medical Officer