

EMR 070



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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: Date/Year: Time:.....

Name : Riben Silal Age: 45 Sex: M Son/Daughter/Wife of:.....

Patient's Address:..... Ph. No.

Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

Rx

See
sent in Dialysis unit
↓
Superintendent
up
1/4/19

Signature of the Medical Officer