

Rs. 2/-

TICKET FOR OPD PATIENT

No. **4477** Date of Issue

DARJEELING DISTRICT HOSPITAL

Name *Sumila Subba*

Age *41* Caste Sex *F*

Disease

Date	Treatment
	<p><i>K (clo CKD) m HD.</i></p> <p><i>To continue maintenance</i></p> <p><i>HD</i></p> <p><i>[Signature]</i></p> <p><i>01/06/2018</i></p> <p>Medical Officer District Hospital DARJEELING</p>

(2)

Date	Treatment