



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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: *GR-093* Date/Year: Time:.....
Name : *Rishi prasad* Age: *75* Sex: *M* Son/Daughter/Wife of:.....
Patient's Address: *Chau* Ph. No.
Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

Rx

- Adult Dialysis.

A
3/2/19

Signature of the Medical Officer