



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

**"DEPARTMENT OF EMERGENCY"**

Emergency Registration Number: EMR-095 Date/Year: 8/7/19 Time: 8.45  
 Name: Rab. Kumar Subb Age: ..... Sex: ..... Son/Daughter/Wife of: .....  
 Patient's Address: ..... Ph. No. ....  
 Attending Doctor's Name: ..... Observation/Referred to/Admitted to: .....

REC'd ERF on  
 Dialysis  
 GFR - 6.87 ml/min/1.73m<sup>2</sup>  
 Stage 5 CKD  
 T2DM  
 FBS - 102 | 3/7/15  
 Ur. 181  
 Cr 7.6  
 Met/Ket - 134/3.7  
 HbA1c II } NR  
 HbA2c }  
 Anti ACR }  
 19/6/15

**Rx**

To start dialysis at  
 D.H.  
 Review at Med OPD  
 for Hypertension

1  
  
 8/7/15

Signature of the Medical Officer