



EMR-087

"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 : Prem Singh Age: 52 Sex: M Son/Daughter/Wife of:.....

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

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

**Rx**

Diagnosis - AKI

2

Signature of the Medical Officer