

*Doc*



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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: *EMR-100* Date/Year: ..... Time:.....  
Name : *Susmita Sharma* Age: *29y* Sex: *F* Son/Daughter/Wife of:.....  
Patient's Address:..... Ph. No. ....  
Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

*16/07/19*

**Rx**

*Sent her to for ~~100~~ 40*

*Pt. Admitted in ICU ↓ Dr. Saha*

*Referred to Dr. Saha for confinement*

*↓  
of smt examia  
the pt's institute  
of that Dr. Saha  
H*

*[Signature]*  
*16/07*

Signature of the Medical Officer