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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: *QR-075* Date/Year: *12/4/19* Time:

Name: *Tek Md. Subbarimby* Age: *32y* Sex: *M* Son/Daughter/Wife of:

Patient's Address: Ph. No.

Attending Doctor's Name: Observation/Referred to/Admitted to:

*W/C of CKD ↓
HD*

Rx

*admission in dialysis unit
reform NAC 505*

[Signature]

Signature of the Medical Officer