



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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: ..... 097 ..... Date/Year: 10/7/19 ..... Time: .....

Name : Mrs Bina Mukherjee ..... Age: 50y. Sex: F ..... Son/Daughter/Wife of: .....

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

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

**Rx**

Patient came for Dialysis  
Kindly Admit the patient  
in dialysis ward

Signature of the Medical Officer