

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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: Sent - 189. Date/Year: 15/6/19 Time: 344.  Name: Son/Daughter/Wife of:	
Emergency Registration Number:	Date/ Year:
Name:	
Patient's Address:	
Attendig Doctor's Name:	Observation/Referred to/Admitted to:
Rx.	· Admission at Dialysis Unit
W 280 25 6 8 (Vea) 25 6 8	