

Need



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

"DEPARTMENT OF EMERGENCY"

Emergency Registration Number: *EMR-099* Date/Year: Time:.....
Name : *Laxmi Goswami* Age: *57y* Sex: *Female* Son/Daughter/Wife of:.....
Patient's Address: *Gang Bazar* Ph. No.
Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

Rx

Forwarded for Dialysis

u

15/7
Medical Officer
District Hospital
DARJEELING

Signature of the Medical Officer