

COMARTE CONNTE UM SLANTE SCILL COMNIS  
Form E. 2. (Kilkenny County Board of Health)

*Ticket for Attendance at the Patient's Home*

[No. ....]

To Dr. .... Medical Officer of .....  
Dispensary District in ..... Union.

SIR,

You are hereby directed to visit and afford Medical Advice and  
any necessary Medicine, to ....., aged .....  
residing at .....  
in the above Dispensary District, who is by occupation  
a .....

Dated this ..... day of ....., 1 .....

(Signed), .....

(Member of Kilkenny Co. Board of Health, County or District  
Councillor, Relieving Officer, or Warden, as the case may be).

Number in Register .....



This Ticket may be presented to the Medical Officer at the Dispensary within the hours of his attendance there; or may be presented to him or left for him at his residence; or may be presented to him personally anywhere. This Ticket should be presented to him as soon after it has been obtained as practicable, with such information as can be given regarding the nature of the case. A Member of the Board, County or District Councillor, Warden or Relieving Officer, before issuing a Ticket, shall exercise due diligence in ascertaining whether the applicant is a "Poor Person" and entitled to gratuitous medical relief.