

50141 (2)

Col. 1.	Col. 2.	Col. 3.	Col. 4.	Col. 5.	Col. 6.	Col. 7.	Col. 8.
Number of Case	Date of presentation of Ticket	Name of Patient	Residence of Patient	Age	Disease	Dates of Attendances	
						At Dispensary	At Patient's Home
410	April 19	Marsh Martin	Portumna	46		19	
411	" "	Monahan Jas	Do	10mo	Influenza		19
412	" 23	Maker Maria	Brackearagh	30	Influenza	23	
413	" 22	Lomoto Maria	Costanumera	19		22	
414	" 22	Courty Ellen	Portumna	7		22	
415	" 22	Ferney Mary	Cappagh	14		22	
416	" 23	Keat Pat	Synagh	67	Bronchitis	23	
417	" 23	Gille Mrs			Influenza		23
418	" 26	Gavin Elizabeth	Portumna	60			26
419	" 26	Cosgrove Mary				26	

No. *727*

**Ticket for Attendance at  
Dispensary.**

Form E 1.

To Dr.

*L. Coates*

Medical Officer of

Dispensary District, in Portumna Union.

Sir,

You are hereby required to afford Medical Advice  
and any necessary Medicines to *Denis Vally*

aged *27*

residing at

*Clonmoylan*

in the above Dispensary District, who is by occupation a

Dated this *26<sup>th</sup>* day of *April* 1884

Signed,

*M. Donnelly*

Member of Dispensary Committee,  
Relieving Officer, or Warden.

*Gex/4/1 (6)*

No. *74*

**Ticket for Attendance at  
Dispensary.**

Form B.1.

To Dr. *Cowley*

Medical Officer of

*Portumna* Dispensary District, in Portumna Union.

Sir,

You are hereby required to afford Medical Advice  
and any necessary Medicines to *Margaret*

residing at *Lezgrave*

aged *65*

in the above Dispensary District, who is by occupation a *Portumna*

Dated this *24<sup>th</sup>*

day of *April*

188*4*

Signed, *Paul G. Hayes*

Member of Dispensary Committee,  
Relieving Officer, or Warden.

*G01/4/1 (5)*

FORM B. 1—Ticket for Attendance at Dispensary.

To Dr.

*Leats*

Medical Officer of

Dispensary District,

Union.

in

*Portsmouth*

SIR—You are hereby required to afford Medical Advice and any necessary

Medicine to

*Leath Babbott*

aged

*25*

residing at

*Leassusall*

in the above Dispensary District, who is by occupation a

Dated this

*29*

day of

*April*

187

*84*

(Signed,)

*[Signature]*

Member of Dispensary Committee, Relieving Officer,  
or Warden, as the case may be.

No. in Register,

*G01/4/1(7)*

No. *18*

**Ticket for Attendance at  
Patient's Home.**

Form E 2.

To Dr. *Coates*

Medical Officer of

*Portumna* Dispensary District, in Portumna Union.

Sir,

You are hereby required to afford Medical Advice  
and any necessary Medicines to *Elizabeth*

residing at *Galvin*

aged *60*

*Portumna*  
in the above Dispensary District, who is by occupation a

Dated this *26<sup>th</sup>*

*April*

188*4*

Signed,

*W. H. Wynne*  
Member of Dispensary Committee,  
Relieving Officer, or Warden.

*G01/4/1 (4)*

No. *715*

**Ticket for Attendance at  
Dispensary.**

Form E 1.

To Dr. *Levitt*

Medical Officer of

*Antium* Dispensary District, in Portumna Union.

Sir,

You are hereby required to afford Medical Advice  
and any necessary Medicines to *Margaret*

residing at *Guernsey* aged *17*

*Chappagh*  
in the above Dispensary District, who is by occupation a

Dated this *22<sup>nd</sup>* day of *April* 188*8*

Signed, *Wm. Hayes*

Member of Dispensary Committee,  
Relieving Officer, or Warden.

*GOD/4/1 (3)*