

17126

2-7-19

West Bengal Form No. 769

**TICKET FOR EMERGENCY**  
**Dr. B. N. Bose S.D. Hospital, Barrackpore**

Date of First Visit ..... No. in E.P. Register .....  
Name ..... *Ward Sen* .....  
Age ..... Cast ..... Sex .....  
Disease ..... *42* ..... *m*

Date

Treatment

*allow free Hx*

*Tofake*

Medical Officer  
Dr. B. N. Bose S. D. Hospital  
Barrackpore, 24 Pgs. (N)