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S. 2-10

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 ..... Debros W. Meddichajee .....

Age ..... 62 ..... Cast ..... Sex ..... M .....

Disease .....

Date

Treatment

Alum free HD

*[Signature]*

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