

West Bengal Form No. 769

17439

**TICKET FOR EMERGENCY**

Dr. B. N. Bose S.D. Hospital, Barrackpore

Date of First Visit ..... No. in E.P. Register .....  
Name ..... *Ashok Kumar* .....  
Age ..... *37* ..... Cast ..... Sex ..... *M* .....  
Disease ..... *DM* .....

Date

Treatment

*Allowed free  
dialysis*

*2*

*7/7/19*

*(Dr. Suman Kr.  
Mandal)*

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