

17760

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 *Mrs. B. Bose* Sex

Age Cast *46* Sex

Disease

Date	Treatment
	<p><i>True dialysis is per</i></p> <p><i>formed</i></p>

[Signature] Medical Officer
 Dr. B. N. Bose S. D. Hospital
 Barrackpore 24 Pgs. (N)