

18235

West Bengal Form No. 769

TICKET FOR EMERGENCY

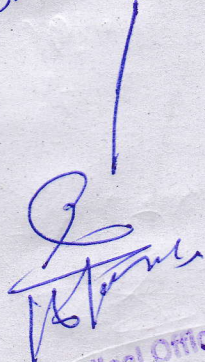
Dr. B. N. Bose S.D. Hospital, Barrackpore

Date of First Visit No. in E.P. Register

Name *Presente* Sex *M*

Age *50* Cast

Disease

Date	Treatment
<i>16/02/19</i>	<i>Please allow one day.</i>
	

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