

18356

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 *Dilip Shaw*
Age *59 yrs* Cast Sex *m*
Disease

Date

Treatment

*for
Diagnosis*

Adv: allow fee

18/7/19

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