

West Bengal Form No. 769

22 10 7

**TICKET FOR EMERGENCY**

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

Date of First Visit ..... No. in E.P. Register .....  
Name Pradyumna .....  
Age ..... Cast ..... Sex M .....  
Disease .....

Date

Treatment

Allow discharge

Medical Officer

Dr. B. N. Bose S. D. Hospital  
Barrackpore. 24 Pns. (N)