

16995 1.7.19  
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 ..... *Laban Bism* .....  
Age ..... Cast ..... Sex .....  
Disease ..... *36* ..... *m*

Date

Treatment

*Allow free*  
*HD*

*8.15 am*  
*10.00 pm*

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