

53751

West Bengal Form No. 769

COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Atul Ch. Senapati*

Age : *60* Sex : *M* Religion : Caste :

Disease :

DATE	TREATMENT
	<p><i>Diagnosis</i></p> <p><i>h</i></p> <p><i>11/2/15</i></p>