

53701

West Bengal Form No. 769

**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**  
Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

*Handwritten initials*

Date of first visit : .....

Name of the patient : *Hemanta Mandal*

Age : *46 y* Sex : *M* Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	<i>Ren</i> <i>Dialysis</i> <i>MD</i>