

53962

West Bengal Form No. 769

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

Date of first visit : ..... 1/1/8

Name of the patient : ..... Murali Mohan

Age : ..... 35 Sex : ..... m Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	<p data-bbox="662 772 1093 896">For S. Mohan</p> <p data-bbox="989 952 1197 1097">1/1/8</p>