

54068

West Bengal Form No. 769

**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : ..... 3/7/19 .....  
Name of the patient : ..... Babo Chanmondal .....  
Age : ..... boy ..... Sex : ..... m ..... Religion : ..... Caste : .....  
Disease : ..... dr .....  
.....

**DATE** **TREATMENT**

refer to dialysis unit  
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