

59331  
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 : *Jankh Ch. Dey,*

Age : *64 yrs* Sex : *M* Religion : *H.* Caste : .....

Disease : *CKD*

DATE	TREATMENT
<i>9/7/19</i>	<i>Refd for dialysis.</i> <i>[Signature]</i>