

West Bengal Form No. 769

54328

COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Hankan Mandal*

Age : *46yrs* Sex : *M* Religion : *H* Caste :

Disease : *CKD*

DATE	TREATMENT
<i>11/7/19</i>	<i>Refd for Dialysis.</i> <i>[Signature]</i>