

54393

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 : *Dr. Bhabendra Das*
 Age : Sex : Religion : Caste :
 Disease :

DATE	TREATMENT
<u>4/2/12</u>	Amo deolys and S