

55283

West Bengal Form No. 769

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

Date of first visit : ..... 07.07.19.....

Name of the patient : ..... Primal Das.....

Age : 67y Sex : M Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
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Hemodialysis

