

West Bengal Form No. 769

55431

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

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

Name of the patient : ..... Rantam Deb .....

Age : 45y Sex : M Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	Hemodialysis