

55319

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 : ..... Sankhu Barman .....  
Age : ..... 38 ..... Sex : ..... M ..... Religion : ..... Caste : .....  
Disease : .....

DATE	TREATMENT
	Hemodialysis