

56113

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 : .....

Age : 63 Sex : M Religion : H Caste : .....

Disease : .....

DATE	TREATMENT
9/2/19	Dialysis