

West Bengal Form No. 769

58178

**COOCH BEHAR GOVERNMENT
MEDICAL COLLEGE & HOSPITAL**
Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Bhola Dey*

Age : *45 yrs* Sex : *M* Religion : *H* Caste :

Disease :

DATE

TREATMENT

16/8/17

Di. [unclear]