

West Bengal Form No. 769

58960  
**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : ..... 16/07/19 .....

Name of the patient : ..... Maya Adhikari .....

Age : 55 y ..... Sex : F ..... Religion : ..... Caste : .....

Disease : .....

**DATE**

**TREATMENT**

Haemodialysis ↓