

West Bengal Form No. 769

59970

**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : ..... 20/07/19 .....

Name of the patient : ..... Munni Saha .....

Age : ..... 53y ..... Sex : ..... F ..... Religion : ..... Caste : .....

Disease : .....

**DATE**

**TREATMENT**

Hemolytic