

61189

West Bengal Form No. 769

**M. J. N. (DISTRICT) HOSPITAL  
COOCH BEHAR**

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit.....  
Name of the patient..... *Siba Basu*  
Age..... *20* Sex..... *F* Religion..... Caste.....  
Disease.....

| DATE | TREATMENT  |
|------|--|
|      | <p><i>Dialysis</i></p> <p><i>for</i></p> <p><i>24/17</i></p> |