

55418

West Bengal Form No. 769

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

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

Name of the patient : ..... Ranjit Sutradhar

Age : ..... 43y Sex : ..... M Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	<p style="text-align: right; font-size: 1.2em;">Hemodialysis</p>