

West Bengal Form No. 769

55764

**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : ..... 08/07/19 .....

Name of the patient : ..... Sefali Debnath .....

Age : 58 yrs Sex : F Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	Haemodialysis  [Signature]