

West Bengal

55834

COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :
Name of the patient : *Amal Das*
Age : *64* Sex : *M* Religion : Caste :
Disease :

DATE	TREATMENT
	<p data-bbox="638 739 1037 1008"><i>Dr. Das</i> <i>Diagnosis</i></p> <p data-bbox="1005 1108 1228 1243"><i>Dr.</i></p>