

West Bengal Form No. 769

58582

**COOCH BEHAR GOVERNMENT
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Sadhan Chandra*

Age : *50* Sex : *M* Religion : Caste :

Disease :

DATE	TREATMENT
	<p><i>Diagnosis</i></p> <p><i>5/12/2018</i></p>