

West Bengal Form No. 769

59854

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar


## TICKET FOR EMERGENCY PATIENTS

Date of first visit : ..... 29/7/19 .....

Name of the patient : ..... Chaitanya Paul .....

Age : 27y ..... Sex : M ..... Religion : ..... Caste : .....

Disease : ..... Renal Disease .....

DATE	TREATMENT
	<p data-bbox="750 751 1300 845">Ad <del>...</del> for Dialysis</p> <p data-bbox="1197 862 1364 1016"></p>