

60667

West Bengal Form No. 769

**COOCH BEHAR GOVERNMENT
MEDICAL COLLEGE & HOSPITAL**
Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Dr. Ratan Das*

Age : *45* Sex : *M* Religion : *H* Caste :

Disease :

DATE	TREATMENT
<i>Dr</i>	<i>Dialysis</i> <i>23/7/19</i>