

E/61673

West Bengal Form No. 769

**M. J. N. (DISTRICT) HOSPITAL
COOCH BEHAR**

TICKET FOR EMERGENCY PATIENTS

Date of first visit.....

Name of the patient.....

Age.....

Sex.....

Religion.....

Caste.....

Disease.....

DATE	TREATMENT
	<p>26/7/19 S. 202 Ranjit Subudho M. Religion..... Caste..... Disease.....</p> <p>< Dr. ... for Dialysis a</p>