

61797

West Bengal Form No. 769

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

TICKET FOR EMERGENCY PATIENTS

Date of first visit.....
Name of the patient..... *Murajan Majumdar*
Age..... *65* Sex..... *M* Religion..... *H* Caste.....
Disease..... *CKD*

DATE	TREATMENT
<i>26/7/19</i>	<i>Refd for dialysis</i> 