

West Bengal Form No. 769

61834

**COOCH BEHAR GOVERNMENT
MEDICAL COLLEGE & HOSPITAL**

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Aroh Barman*

Age : *40 yrs* Sex : *F* Religion : *H.* Caste :

Disease : *CKD*

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