

Haemodialysis

X-RAY REQUISITION

Cooch Behar Government Medical College & Hospital, Cooch Behar.

Plate No.

Outdoor Ticket No. 37439

Name of the Patient Maya Adhikary
(In Block Letters)

Age 56 y Sex F Religion H

Address

Physician / Surgeon U-2

Ward CCU No. of Bed / Cabin HOU1

Paying / Free Bed Haemodialysis

REPORT

