

West Bengal Form No. 769

50003

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

Date of first visit : .....

11/7/19

Name of the patient : .....

Chaitanya Paul

Age : .....

27

Sex : .....

mal

Religion : .....

Caste : .....

Disease : .....

**DATE**

**TREATMENT**

11/7/19

inpatient to diaphragm

SL

11/7/19