

57026

West Bengal Form No. 769

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

Date of first visit : .....

Name of the patient : *Salish Ch Dey*

Age : *64* Sex : *M* Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	<p><i>Diagnosis</i></p> <p><i>117</i></p>