

West Bengal Form No. 769

57083

COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

TICKET FOR EMERGENCY PATIENTS

Date of first visit :

Name of the patient : *Sandhya Adhikari*

Age : *12/12* Sex : Religion : Caste :

Disease :

DATE	TREATMENT
<i>do curd</i> <i>or 1/2 tin</i> <i>12/5/19</i>	<i>Ref to Adhikari's</i> <i>Unit</i> <i>12/2</i>