

Add Patient Details

Patient ID *	<input type="text" value="Pat_ID1699041663102"/>	Emergency Contact Person *	<input type="text"/> <small>First Name</small>	<input type="text"/> <small>Last Name</small>
Name *	<input type="text"/> <small>First Name</small>		<input type="text" value="+91 81234 56789"/> <small>Emergency Phone Number *</small>	
Registration Date *	<input type="text" value="dd-MMM-yyyy"/> <small>dd-MMM-yyyy</small>	Department *	<input type="radio"/> OPD <input type="radio"/> IPD	
D.O.B *	<input type="text" value="dd-MMM-yyyy"/> <small>dd-MMM-yyyy</small>	Consultant Name *	<input type="text" value="-Select-"/>	
Social Security Number *	<input type="text"/>	Patient's Issue Details *	<div></div>	
Age *	<input type="text" value="#####"/>	Prescription Advised (if any)	<div><div><div><div>B</div><div>I</div><div>U</div><div>DejaVuSans</div><div>10</div><div>A</div><div>A</div></div><div><div>≡</div><div>≡</div><div>≡</div><div>≡</div><div>🔗</div><div>📱</div><div>⋮</div><div>⋮</div></div></div><div></div></div>	
Mobile *	<input type="text" value="+91 81234 56789"/> <small>+91 81234 56789</small>		<div></div>	
Phone Number *	<input type="text" value="+91 81234 56789"/> <small>+91 81234 56789</small>	Prescription Advised (if any)	<div><div><div><div>B</div><div>I</div><div>U</div><div>DejaVuSans</div><div>10</div><div>A</div><div>A</div></div><div><div>≡</div><div>≡</div><div>≡</div><div>≡</div><div>🔗</div><div>📱</div><div>⋮</div><div>⋮</div></div></div><div></div></div>	
Marital Status *	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed			
Address *	<input type="text"/> <small>Address Line 1</small>			
	<input type="text"/> <small>Address Line 2</small>			
	<input type="text"/> <small>City / District</small>		<input type="text"/> <small>State Province</small>	
	<input type="text"/> <small>Postal Code</small>		<input type="text" value="-Select-"/> <small>Country</small>	
<div><div>Submit</div><div>Reset</div></div>				

Overview

Name	Mahindra J
Social Security Number	2514836.2
Registration Date	01-Nov-2023
Department	OPD
Patient's Issue Details	0455dscxz
Prescription Advised (if any)	sfdcxcz sdcx
Consultant Name	Consultant B
D.O.B	27-Aug-2004
Age	19
Mobile	+912516320622
Phone Number	+913629562320
Address	📍 dscdcdzxdscdc, dcsacxdws, dscx csdfc, fscxzswdcw, fdscdcwes, Angola
Marital Status	Single
Sub Department	