## **PATIENT INFORMATION**

**Patient Name: Paul Matt** 

Age/Sex: 62 Year(s) / Male

**Doctor Name: Dr. John Doe** 

**UHID No.: xxx** 

EMail: paul\_matt@email.com

Contact No.: +91 9876543210

Address: 123 Main Street, City XYZ, State ABC, Country

## **INVESTIGATIONS**

Date 15.02.2025 23.06.2025 12.10.2025

Haematology

**RBC Count 4.5 4.8 4.6** 

Hemoglobin 13.5 14.0 13.8