**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**