

MEDICAL REPORT

Visit Info

Doctor's Name: {{doctor}} Visit Date: {{Date}:format(dd.MM

·yyyy)]

Specialization: {{specialization}}

Patient Info

Full Name: {{patient}} Birth Date: {{DateBd}:format(dd.

MM.yyyy)}

Med. Number: {{medNumber}} IHI: {{ihi}}

Phone: {{patientPhone}} Email: {{email}}

Assessment

({assessment})

Diagnosis

((diagnosis))

Prescription

{(prescription})