

# Patient Report



## Radiant Smiles

Let Us Brighten Your Smile

Tuesday, May 21, 2024

# Patient General Information

**Patient ID:** 1

**Patient Name:** Salma Fathy

**Birth Date:** 1990-05-25

**Age:** 31

**Gender:** Male

## Contact Info:

**Address:** ghjkjhgfd

**Phone:** 01091688064

**E-Mail:** salmabenashrafbenfathy@gmail.com

## General Health Info:

**Smoking Status:** Smoker

**Alchol Intake:** Non-Drinker

**Blood Group:** O+

**Chronic Diseases:** Diabetes

**Allergies:** Peanuts

## Insurance Details:

**Insurance Company:** None

**Insurance Coverage:** None

# Medical Records

ID	Date	Visit Type	Dentist	Diagnosis	Affected Area	Treatment	Medications	Surgery
5	2024-05-17	Examination	Dr. Jon Snow	Dental Caries	Maxillary Anterior	Fillings	Medication 1	None

# Prescriptions List

ID	Date	Dentist	Diagnosis	Medication	Dosage
5	2024-05-17	Dr.Jon Snow	Dental Caries	Medication 1	1.5 ml, 3 times a day

# Invoices Records

Invoice ID	Date	Dentist Name	Cost	Insurance Coverage	Total	Status
INV-003	2024-05-20	Dr.Alice Smith	\$600	None	\$600	Unpaid
INV-004	2024-05-20	Dr.Emily Brown	\$500	None	\$500	Unpaid
INV-005	2024-05-21	Dr.Michael Johnson	\$500	None	\$500	Unpaid