## Patient Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | Address | Contact number | Age | Symptoms | Gender | Email | Password |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |