

Patient Demographics Report

Basic Information

Full Name: Muhirwa Salomon

Date of Birth: NA

Gender: male

Medical Record Number: NA

Contact Information

Address: Rwanda, Kigali, Nyarugenge

Phone Number: +250782204795

Email: muhirwasa@gmail.com

Insurance Information

Provider: NA

Policy Number: NA

General Coverage Details: NA

Medical Service Details

Service Request Details: Requesting payment of 918.18 USD via Remitly.

Specimen Information: NA

Clinical Context & History

Encounter Information (Diagnoses etc.): NA

Observation Information (LMP, Pregnancy Status etc.): NA

Procedure History: NA

Medication Request History (Hormone Therapy etc.): NA

Other Relevant Information

Passport number: PC630583