

CONFIDENTIAL MEDICAL INFORMATION FORM

This is a synthetic test document containing dummy PII and medical data for development/testing purposes only.

Patient Details

Full Name: Priya Ramesh Iyer

Age: 29 Gender: Female

Date of Birth: 5 February 1996 Blood Group: A-

Phone: +91-97654 32109 Email: priya.iyer96@example.com

Aadhaar (simulated): 3456-7890-1234 PAN (simulated): PRIY5678P

Residential Address: House No. 45, MG Road, Bangalore, 560001

Emergency Contact

Name: Ramesh Iyer (Father) Phone: +91-98234 56780

Medical History / Current Conditions

- Migraines - diagnosed 2021
- Vitamin D deficiency
- Tonsillectomy - 2010
- No known allergies

Allergies & Current Medications

Allergies: None reported

Current Medications: Paracetamol 500 mg - as needed

Insurance & Identification

Insurance Provider: Max Bupa Insurance Co. (Policy ID: MAX-923402)

Hospital/Clinic ID: HOSP-1123445

Visit Details

Primary Physician: Dr. Rohan P. Mehta, MD (Neurology)

Clinic Contact: +91-22-2789 2233

Visit Date: 14 September 2025

Doctor's Notes & Observations

- Reports frequent headaches.
- Recommended MRI scan.
- Advised follow-up in 2 weeks.

Clinician Signature: _____ Date: _____

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