

TreeMed

hello@treemed.in +91 721302

Collection Date: 12/12/12/ Report Date: 12/12/12

Name: asd Phone No.: 0

Age/Gender: 12/q Patient ID: 0

Referred By: qwe Report ID: 0

Body Vitals

TEST DESCRIPTION	RESULT	FLAG	REF. RANGE	UNIT
SpO2	99	Invalid input	94-100%	%
Temperature	98.6	Invalid input	97.8-99.1	°F
Pulse Rate	0	Invalid input	60-100	bpm
ВР	12/12	Invalid input	90/60 - 140/90	mmHg

General Questions

SI. No.	QUESTIONS	SELECTED OPTION
1.	Can you see clearly without glasses?	Yes
2.	Do you experience difficulty in breathing?	No difficulty
3.	Do you have any difficulty in hearing?	No
4.	Do you have any visible skin conditions?	Not Sure
5.	Do you experience any mouth conditions?	No issues
6.	What is your usual urine colour?	Clear
7.	Have you noticed significant hair loss recently?	No
8.	Have you noticed any unusual changes in your nail colour?	No



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9.	Have you been diagnosed with or noticed signs of cataract?	No
10.	Do you have any physical disabilities?	No