**Capture20231227034626 HOSPITAL**

**PATIENT NAME :-** **3q4wesfd**

**AGE / SEX :**- **23 / m**

**ADDRESS :**- DFGSD

**PHONE NO. :**- 3443253

**CONSULTANT :-**  **asdtw4es**

**DEPTT. :-**  **westsd**

**MULTISPECIALITY & TRAUMA CENTER**

**REG.FEES :**- **345**

**OPD NO.**  :- 1

**UHID NO. :-**  1

**DATE & TIME :**- 17-03-2024 08:08:46 PM

**VALID UPTO :**- 24-03-2024

**GUARDIAN :**- DFGFDB

**OPD ASSESSMENT**

BP mm/hg Pulse …… min Temp……… f SpO2.- ………… RR.:-………………

**O/E**

**Rx**

**Investigation**

**Required**



**NEAR GODARA PETROL PUMP,AZAD NAGAR HISAR/01662-315044**

NOT VALID FOR MEDICO LEGAL PURPOSE