{hospitalName}

{hospitalType}

{hospitalLocation}

Medical Report

Patient Details

Patient Name: {patientName}

Patient Email: {patientEmail}

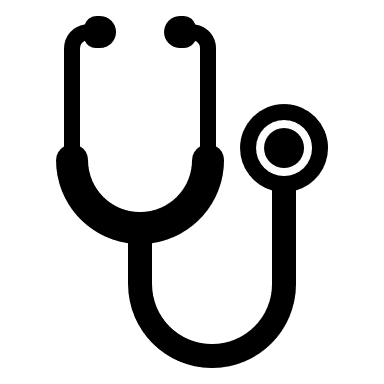
appointmentNumber: {appointmentNumber}

Doctor

Doctor’s Name: {doctorName}

Status: Present

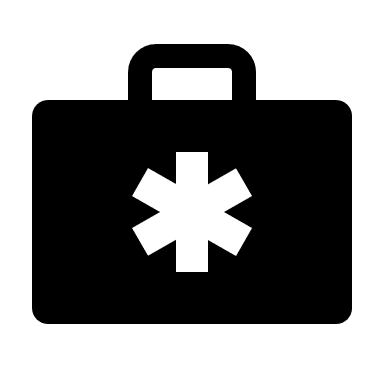
Doctor's Email: {doctorEmail}



**Medical Assessment:**

Appointment Date: {appointmentDate}

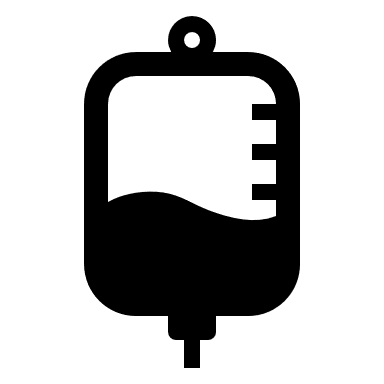
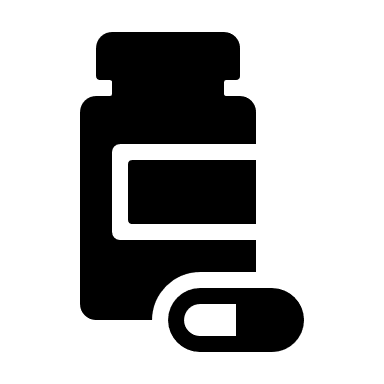
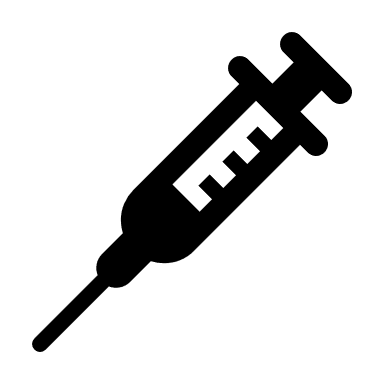
Chief Problems: {symptoms}



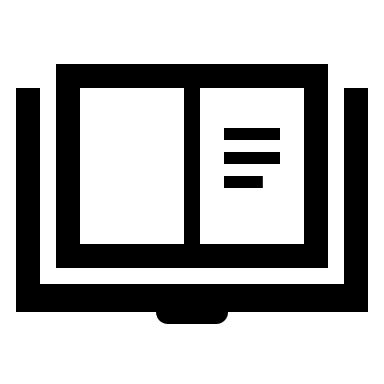
**Diagnosis Report:**

Diagnosis: {diagnosis}

Treatment Plan: {treatmentPlan}

**Medicines:**

{medicines}

**Additional Notes:**

{details}

Doctors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: {signatureDate}

Doctor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: {doctorSignatureDate}

*(NOTE: THIS REPORT IS GENERATED BY MEDISATHI ONLINE PORTAL)*