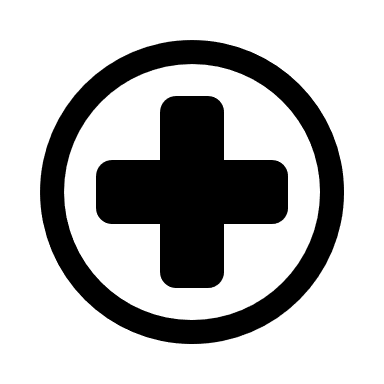
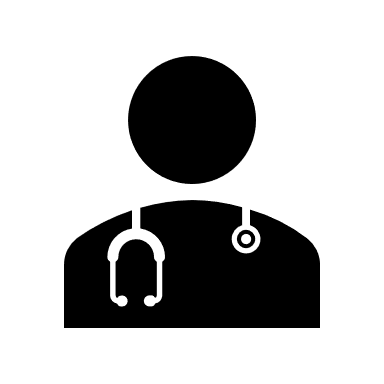
{hospitalName} {hospitalType}

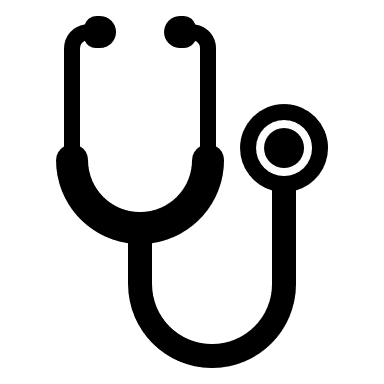
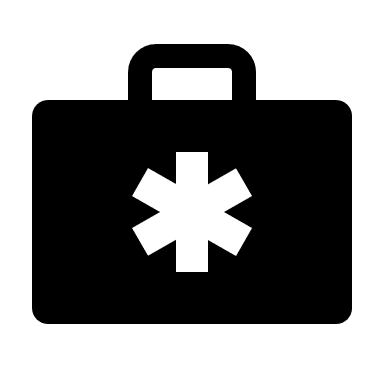
{hospitalLocation}

Medical Report

Patient Name: {patientName} Doctor's Name: {doctorName}

Date of Birth: {patientDOB} Doctor's Email: {doctorEmail}

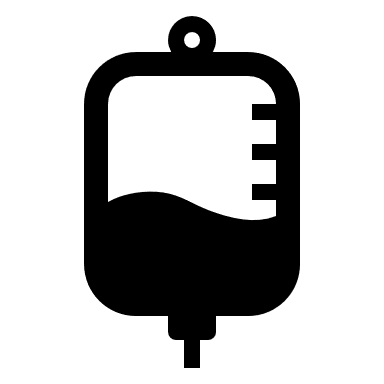
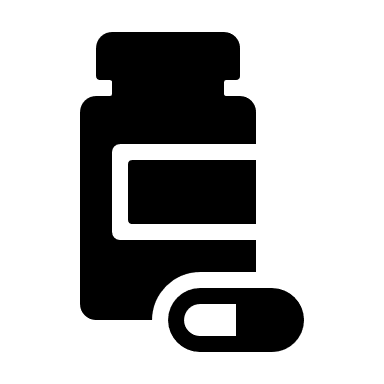
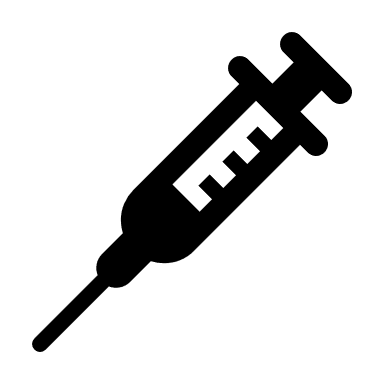
Gender: {patientGender} Specialty: {doctorSpecialty}



**Medical Assessment: Diagnosis Report:**

Date of Examination: {examDate} Diagnosis: {diagnosis}

Symptoms: {symptoms} Treatment Plan: {treatmentPlan}



Medications:

- {medicines}

Additional Notes:

{details}

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

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