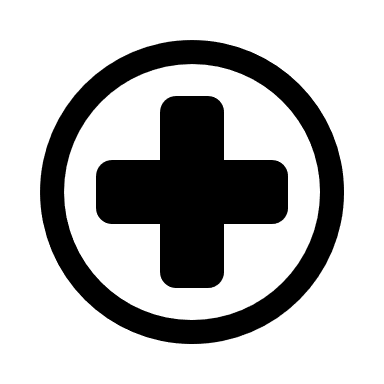
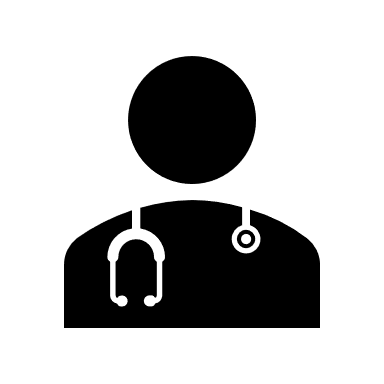
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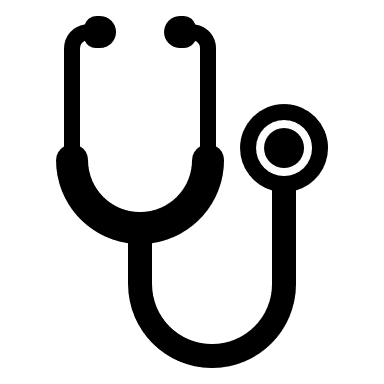
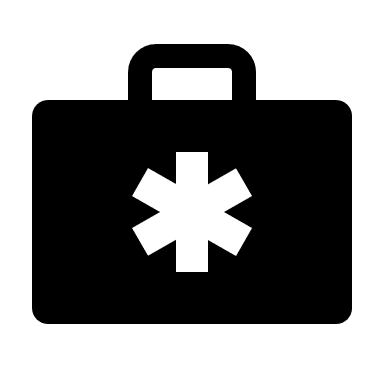
<<hospitalLocation>>

Medical Report

Patient Name: <<patientName>> Doctor's Name: <<doctorName>>

Date of Birth: <<patientDOB>> Doctor's Email: <<doctorEmail>>

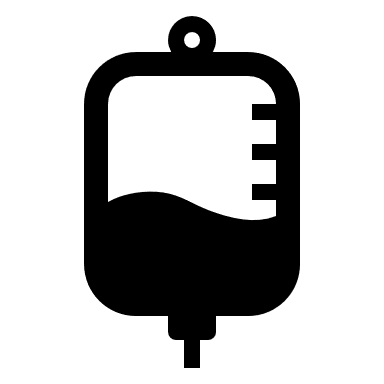
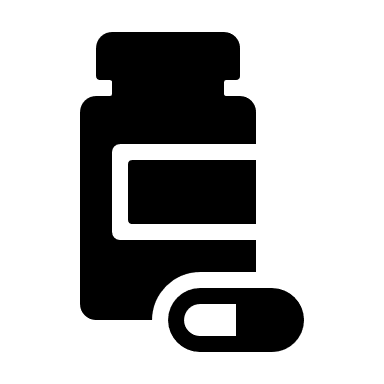
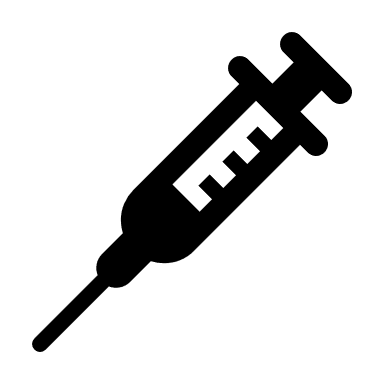
Gender: <<patientGender>> Specialty: <<doctorSpecialty>>



**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>>