

Patient Report

Report Id:1

Date	Timings	Patient Name
4/25/2019	10-11	ShashidharReddy

Doctor Details

Doctor Name : Vinod

Qualification : M.B.B.S

Specialization : Dentist

Email : bharath082@gmail.com

Phone No : 8765432101

Hospital Details

Hospital Name :Apollo

Address Line 1 :Bangalore

Address Line 2 :Hebbal

State :Karnataka

City :Bangalore Rural

Pin :518004

Disease :Anger

Patient Report

Report Id:2

Date	Timings	Patient Name
4/25/2019	12-01	ShashidharReddy

Doctor Details

Doctor Name : Vinod

Qualification : M.B.B.S

Specialization : Dentist

Email : bharath082@gmail.com

Phone No : 8765432101

Hospital Details

Hospital Name :Apollo

Address Line 1 :Bangalore

Address Line 2 :Hebbal

State :Karnataka

City :Bangalore Rural

Pin :518004

Disease :Fever

Prescription Provided :Take Rest

Patient Report

Date	Timings	Patient Name
4/26/2019	12-01	ShashidharReddy

Doctor Details

Doctor Name : Bharatth

Qualification : M.B.B.S

Specialization : Dentist

Email : Apollo@gmail.com

Phone No : 8765432101

Hospital Details

Hospital Name :Apollo

Address Line 1 :Bangalore

Address Line 2 :Hebbal

State :Karnataka

City :Bangalore Rural

Pin :518004

Disease :HomeSick

Prescription Provided :Seriously,Go Home