

# Patient Report

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**Report Id:26**

Date	Timings	Patient Name
4/30/2019	12-01	vineethamuralidhar

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## Doctor Details

**Doctor Name : Vinod**

**Qualification : M.B.B.S**

**Specialization : Nuerologist**

**Email : Apollo@gmail.com**

**Phone No : 8765432101**

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## Hospital Details

**Hospital Name : Cognizant Health Care**

**Address Line 1 : Hebbal,near outer ring road**

**Address Line 2 : Hebbal**

**State : Karnataka**

**City : Bangalore Urban**

**Pin : 560045**

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**Disease :**

# Patient Report

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**Report Id:27**

Date	Timings	Patient Name
4/30/2019	02-03	vineethamuralidhar

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## Doctor Details

**Doctor Name : Vinod**

**Qualification : M.B.B.S**

**Specialization : Nuerologist**

**Email : Apollo@gmail.com**

**Phone No : 8765432101**

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**City : Bangalore Urban**

**Pin : 560045**

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**Disease :**

**Prescription Provided :**