**MEDICAL REPORT**

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| **Visit Info** | | | |
| **Doctor's Name:** | {{doctor}} | **Visit Date:** | {{Date}:format(dd.MM.yyyy)} |
| **Specialization:** | {{specialization}} |  |  |

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| --- | --- | --- | --- |
| **Patient Info** | | | |
| **Full Name:** | {{patient}} | **Birth Date:** | {{DateBd}:format(dd.MM.yyyy)} |
| **Med. Number:** | {{medNumber}} | **IHI:** | {{ihi}} |
| **Phone:** | {{patientPhone}} | **Email:** | {{email}} |

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| **Assessment** |
| {{assessment}} |
| **Diagnosis** |
| {{diagnosis}} |
| **Prescription** |
| {{prescription}} |