

## Donor Details

Name: Binod asda

Donor Email: binod@gmail.com

Donor Age: 45

Donor D.O.B: 08-08-1990

Blood Group: B+

Gender: Male

Donor Address: asdhahgsd

## Treatment Details

District: Lucknow

Blood Center: Blood Center D

Treatment Center: Era Center

Block: BLOCK Z

Room No: Room 545

Doctor Name: Dr. Kirti Saran

Doctor Address: Chowk

I, Binod asda, give my consent to the above-mentioned Blood Center to share my health and treatment-related details with the appropriate Treatment Center, if required. I understand the purpose of this and agree to the terms voluntarily.

Signature: \_\_\_\_\_

Date: 21/05/2025