

Donor Details

Name: Yashpal Singh

Donor Email: yashpal@gmail.com

Donor Age: 77

Donor D.O.B: 07-05-2025

Blood Group: B-

Gender: Male

Donor Address: dfghjk

Treatment Details

District: Lucknow

Blood Center: Blood Center D

Treatment Center: Sunrise Treatment Center

Block: West Wing

Room No: Room 401

Doctor Name: Dr. Rajeev Khanna

Doctor Address: 55 Street

I, Yashpal Singh, 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: 20/05/2025