

Complete Medical Report

Doctor Details

Name: Dr. Bob Patel
Specialization: Cardiology
Phone: 555-1234
Email: bob.patel@clinic.com
Availability: 09:00-12:00, 14:00-17:00

Patient Details

First Name: John
Last Name: Doe
Email: john.doe@example.com
Birth Date: 1985-03-15
Phone: {"cell":1234567890,"home":9876543210}
Address: {"street":"123 Main Street","city":"Islamabad","postalCode":"44000"}
Conditions: Hypertension
Medications: Lisinopril 10mg daily
Allergies: Penicillin
Tobacco Use: None
Alcohol Use: Occasional
Exercise: 3 times a week
Report Image Path: uploads\report-1746766004729-905050718.JPG

Appointment Details

Appointment Date: 2025-05-20
Time Slot: 14:00 - 14:30
Status: scheduled
Reason: Routine follow-up
Payment Status: pending
Follow-up Date: 2025-06-20