



Full Name

Date of Birth
dd-mm-yyyy

Gender
--Select--

Contact Number
0

Address

Preferred Doctor
--Select--

Submit

Patient's Details

S.No	Full Name	Date of Birth	Gender	Address	Contact	Doctor	Actions
12	chandu	2000-04-03	male	qwertyuiop	1234567890	dermalogist	Edit Delete



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Patient's Details

S.No	Full Name	Date of Birth	Gender	Address	Contact	Doctor	Actions
12	chandu	2000-04-03	male	qwertyuiop	1234567890	dermalogist	Edit Delete
13	chanduNarra	2000-04-03	male	qwertyuiopweda	987654321	surgeon	Edit Delete



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localhost:9999 says

Are you sure?

OK Cancel

S.No	Full Name	Date of Birth	Gender	Address	Contact	Doctor	Actions	
12	chandu	2000-04-03	male	qwertyuiop	1234567890	dermatologist	Edit	Delete
13	chanduNarra	2000-04-03	male	qwertyuiopweda	987654321	surgeon	Edit	Delete

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