

# Disease Case Report Portal

## REPORTING AUTHORITY

Name of Health Officer Responsible for case: dkdkd, dkdkd

## NOTIFIER IDENTIFICATION

Notifier Type: Hospital-based Practitioner

Reporting Source: kdkdkd

Organization: dffff

Date Reported: 2024-08-23

Usual GP: hgfdg

GP Practice: ddddddss

## GP PRACTICE ADDRESS

No.: ddd

Street: ddd

LGA: ddd

Town/City: er4tr

Post Code: 3333

Geo Code: 3333

## CASE IDENTIFICATION

Name: trfddd, ddddfgg

Email: rhfjklg@gmail.com

## CURRENT ADDRESS

No.: nm,./

Street: gfvbkltgkf

Suburb: gskgjg

Town/City: fsfgsgsfg

Post Code: 2222

Geo Code: 23343434

Home Phone:	blalba bla
Work Phone:	bljdkfjdfkj

CASE DEMOGRAPHY

Date of Birth:	2024-08-09
Sex:	Female
Occupation:	vnflf,b
Name of Workspace:	mbf,bmf, lb

LOCATION

No.:	fjgkflg
Street:	bgnfmbg,.fbg
Suburb:	gbfioglf,g
Town/City:	bgfg;olfg
Post Code:	bkflbm,b
Geo Code:	gb,mfgbg b,gb
Home Phone:	gbkfmflgm,f
Work Phone:	gbkfmgbgfkibmfb

ETHNIC GROUP CASE BELONGS TO

Ethnic Group:	Igbo
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