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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Healthcare Diagnostics and Treatment</title>
  <link rel="stylesheet" href="styles.css">
</head>
<body>
  <div class="container">
    <h2>Patient Login</h2>
    <form id="login-form">
      <label for="username">Username:</label>
      <input type="text" id="username" required>

      <label for="password">Password:</label>
      <input type="password" id="password" required>

      <button type="submit">Login</button>
    </form>

    <h2>Patient Registration</h2>
    <form id="registration-form">
      <label for="reg-number">Registration Number:</label>
      <input type="text" id="reg-number" required>

      <label for="dob">Date of Birth:</label>
      <input type="date" id="dob" required>

      <label for="phone">Phone Number:</label>
      <input type="tel" id="phone" required>

      <label for="gender">Gender:</label>
      <select id="gender">
        <option value="Male">Male</option>
        <option value="Female">Female</option>
        <option value="Other">Other</option>
      </select>

      <label for="age">Age:</label>
      <input type="number" id="age" required>

      <label for="blood-group">Blood Group:</label>
      <select id="blood-group">
        <option value="A+">A+</option>
        <option value="B+">B+</option>
        <option value="AB+">AB+</option>
        <option value="O+">O+</option>
      </select>
    </form>
  </div>
</body>
</html>
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<option value="A-">A-</option>
<option value="B-">B-</option>
<option value="AB-">AB-</option>
<option value="O-">O-</option>
</select>

<label for="patient-number">Patient Number:</label>
<input type="text" id="patient-number" required>

<button type="submit">Register</button>
</form>
</div>
<script src="script.js"></script>
</body>
</html>
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