## Patient Report Test name

## **Patient Profile:**

Health No	250405-00004	Name	LASTNAME, FIRSTNAME MIDDLENAME
Age & Sex	10, Male	Address	ASDSA, DAD

## **Medical Records:**

Date Visit: 05/04/2025 11:01:00 pm	Type/Room: Emergency ( - )
Complaint: ASDA	Medical History: DSAD
Allergies: ADA	Diagnosis: DAD
Discharge Info: ASDADAD	Doctor: AdminFirst A. AdminLast (Administrator)

St. Jom Hospital