

Medical Provider Report

| Name | Date Of Birth | Gender | Address | Email | Mobile | Phone | Role | Department | Status |
|-------|---------------|--------|---------|-----------------|-----------|-------|--------|--------------|--------|
| md md | 16/06/2003 | Female | hyh | mh1@yopmail.com | 123456789 | | Doctor | Oncology | Active |
| mh mh | 16/06/2003 | Male | test | mh@yopmail.com | 123456789 | | Doctor | Microbiology | Active |