

[Edit Patient: dipendra thapa]**[Personal Information]**

Full Name *

[dipendra thapa]

Gender *

[Male / Female / Other]

Date of Birth

dd . mm . yyyy

Age

Blood Type

Weight (kg)

[B+]

Height (cm)

[Contact Information]

[015736598622]

[dipendrathapa044@gmail.com]

[Alois-Gäßl-Straße 4]

[Medical Conditions]

Allergies



Diabetes



Hypertension



Heart Disease



Smoker

**[Visit Information]**

dd . mm . yyyy

dd . mm . yyyy

[Medical Records]

[Medical History]

[Current Medications]

[Immunization Status]

[Lab Results]

[Billing Information]

[Diagnosis]

[Treatment Notes]

[Report Upload]

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[Current file: 12_14ad5a945c6be9c9e66f.png]

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