

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

Full Name \*

[dipendra thapa]

Gender \*

[Male / Female / Other]

Date of Birth

dd.mm.yyyy

Age

Blood Type

[B+]

Weight (kg)

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]** No file chosen

[Current file: 12\_14ad5a945c6be9c9e66f.png]

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2/2