

# Patient Details

Generated on: December 10, 2024

## Basic Details

**Name:** Nilesh Rathod

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**Phone No:** 9675432189

**Email:** nilesh.rathod@example.com

**Date Of Birth:** June 23, 1975

**Sex:** Male

**Department:** Rehabilitation, Speech and Language Therapy

**Age:** 49

**Qualifications:** Diploma in Physical Medicine and Rehabilitation, Ph.D. in Speech and Language Pathology

**Preferred Language1:** English

**Preferred Language2:** Hindi

**Preferred Language3:** Marathi

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