

# HTML (HOSPITAL MANAGEMENT)

```
<!DOCTYPE html>
```

```
<html>
```

```
<head>
```

```
  <title>Hospital Management</title>
```

```
</head>
```

```
<body>
```

```
<h1><a href="https://www.cityhospital.com" target="_blank" style="text-decoration:none; color:
black;">City Hospital</a></h1>
```

```
<p>
```

```
  <a href="#doctors">Doctors</a> |
```

```
  <a href="#registration">Patient Registration</a> |
```

```
  <a href="#services">Services</a> |
```

```
  <a href="#contact">Contact</a>
```

```
</p>
```

```
<h2 id="doctors">Doctors</h2>
```

```
<p>Dr. John Smith - Cardiologist</p>
```

```
<p>Dr. Sarah Lee - Pediatrician</p>
```

```
<p>Dr. Anil Kumar - Orthopedic</p>
```

```
<h2 id="registration">Patient Registration</h2>
```

```
<form>
```

```
  Name:<br>
```

```
  <input type="text" name="name"><br><br>
```

```
  Age:<br>
```

```
  <input type="number" name="age"><br><br>
```

Gender:<br>

```
<select name="gender">
  <option>Male</option>
  <option>Female</option>
  <option>Other</option>
</select><br><br>
```

Phone:<br>

```
<input type="text" name="phone"><br><br>
```

Email:<br>

```
<input type="email" name="email"><br><br>
```

Preferred Doctor:<br>

```
<select name="doctor">
  <option>Dr. John Smith</option>
  <option>Dr. Sarah Lee</option>
  <option>Dr. Anil Kumar</option>
</select><br><br>
```

Symptoms:<br>

```
<textarea name="symptoms" rows="4" cols="30"></textarea><br><br>
```

```
<input type="submit" value="Register">
```

```
</form>
```

```
<ul>
```

```
  <li><a href="patient-details.html?name=Alice+Smith" target="_blank">Alice Smith, Age 30, Male,
  Dr. John Smith</a></li>
```

```
  <li><a href="patient-details.html?name=Bob+Lee" target="_blank">Bob Lee, Age 25, Female, Dr.
  Sarah Lee</a></li>
```

```
</ul>
```

## <h2 id="services">Services</h2>

<ul>

<li>Emergency Care</li>

<li>Outpatient</li>

<li>Inpatient</li>

<li>Diagnostics</li>

<li>Pharmacy</li>

<li>Surgery</li>

</ul>

## <h2 id="contact">Contact</h2>

<p>Address: 123 Main St</p>

<p>Phone: 555-1234</p>

<p>Email: info@cityhospital.com</p>

</body>

</html>