

# LIFELINE Hospital

### **Patient Information**

Personal Number: 1172711835

Name: Rina Rushiti

Age: 20

Gender: Female Blood Type: A-

Email: Rina@gmail.com

Phone: 049438421

Room Cost: 100.00\$

Medicine Cost: 50.00\$

**Total Cost: 160.00\$** 

#### Condition

**Serious Condition** 

#### **Time**

10:00:00

## **Therapy**

No

## **Attending Doctor**

Doctor: John Doe

Doctor email: John.derm@gmail.com

Date of Visit: 2024-11-21

Date: 11/4/2024