

Patient Registration Form

Patient Details

Patient ID: 6823060378942a1da2a50749

Name: adnan

Email: adnan@gmail.com

Date of Birth: 8/4/2000

Gender: male

Contact: 7412586363

Hospital: Genesis Hospital

Department: cardio

Registration Date: 5/13/2025

Registration Time: 2:12:43 PM

Login Credentials

Email: adnan@gmail.com

Password: xu1s38fm

Doctor Prescriptions

Note: This PDF contains sensitive login credentials. Store securely and share only with authorized personnel.