

# Patient Registration Form

## Patient Details

Patient ID: 682306d278942a1da2a50794

Name: gulam

Email: gulam@gmail.com

Date of Birth: 4/7/2008

Gender: male

Contact: 7412589632

Hospital: Fortis Hospital

Department: neuro

Registration Date: 5/13/2025

Registration Time: 2:16:10 PM

## Login Credentials

Email: gulam@gmail.com

Password: 5g7ev97z

## Doctor Prescriptions

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