

Patient Registration Form

Patient Details

Patient ID: 68227a646527cfa63d16272d

Name: Rinki

Email: rinki@gmail.com

Date of Birth: 8/22/2005

Gender: female

Contact: 8520654789

Hospital: Manipal Hospital

Department: ortho

Registration Date: 5/13/2025

Registration Time: 4:17:00 AM

Login Credentials

Email: rinki@gmail.com

Password: 6r4xg929

Doctor Prescriptions

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