

Patient Registration Form

Patient Details

Patient ID: 6820a78849a8a773f9f590e9

Name: rohan

Email: rohan@gmail.com

Date of Birth: 1/15/1999

Gender: male

Contact: 8520654791

Hospital: Fortis Hospital

Department: neuro

Registration Date: 5/11/2025

Registration Time: 7:05:04 PM

Login Credentials

Email: rohan@gmail.com

Password: 4x3z40r9

Doctor Prescriptions

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