

# Patient Registration Form

## Patient Details

Patient ID: 68229b131c39575d4fe33fe8

Name: raju

Email: raju@gmail.com

Date of Birth: 5/4/2005

Gender: male

Contact: 74125896

Hospital: Manipal Hospital

Department: ortho

Registration Date: 5/13/2025

Registration Time: 6:36:27 AM

## Login Credentials

Email: raju@gmail.com

Password: 6jxwltbo

## Doctor Prescriptions

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