**SHRADDHA HOSPITAL**

**PMC Reg**. **No-LCBP-0506-01856**

*Sr. No. 43, Parashar Society, Pune Nagar Road, Chandannagar, Kharadi, Pune – 411014*

Mob. No. : **9011052829** Monday To Saturday 10:00 AM to 1:00 PM&5:00 PM to 7:00 PM

Tel. No. : **020–27012324 Sunday Closed**.

Date **:** Click here to enter a date.

Patient’s Name: **Click here to enter text.** Age**:** Choose an item.**Year**

SEX**: Female**

Address**:** Choose an item.

**BLOOD REPORT**

**TESTS RESULT**

Blood Group **: “**Choose an item. **” Positive (Click here to enter text.)**

HBsag (Australia Antigen)  **: Negative**

HIV **:** **Negative**

BSL (R) **:** Click here to enter text.**mg/dl**

**Dr. Shraddha Jadhav.**

**(B.A.M.S.)**

**Reg. No. I-20546**

**Family Physician**