Covid 19 Report

Personal Information —————		
Name of Patient	Date of Birth	Gender
fadi	01 / 01 / 1980	Male
Email		Blood Group
alturjman@outlook.com		A-
- Test Information ————————————————————————————————————		
Reason for Testing	Date of Test	Type of Test
Travelling	12 / 04 / 2023	PCR
Symptoms		
Nausea, Headaches		
Result Information		
Negative		
Doctor Remarks and Comments		
None		
Doctor Name	Doctor Email	
Ibrahim Ame	ame.ibrahim@yahoo.c	com

GENERATED DATE: 02/04/2023