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
None	17 / 05 / 2023	PCR
Symptoms		
None		
Results		
Negative		
Doctor Remarks and Comments		
None		
Doctor Name	Doctor Email	
Ibrahim Ame	ame.ibrahim@yahoo.d	com

GENERATED DATE: 16 / 05 / 2023