REPORT ID: 1DRNZNOATLIAPUFKT

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
cccc	17 / 05 / 2023	PCCC
Symptoms		
cccc		
Result Information Results CCC		
Doctor Remarks and Comments		
CCCc		
Doctor Name	Doctor Email	
lbrahim Ame	ame.ibrahim@yahoo.	com

GENERATED DATE: 30 / 05 / 2023