

XOP HOSPITAL

Electronic Health Record System

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PATIENT INFORMATION

| Field | Details |
|------------|--|
| Patient ID | P004 |
| Full Name | Rajesh Kumar Sharma |
| Age/Gender | 42 / Male |
| Contact | +918765432100 subhashreeparida743@gmail.com |
| Address | Not provided |

MEDICAL DETAILS

| Category | Information |
|-------------------|------------------------|
| Primary Diagnosis | Hypertension |
| Symptoms | Not specified |
| Treatment Plan | Updated Treatment Plan |
| Medications | Not specified |
| Allergies | None reported |
| Last Consultation | 4/7/2025 |

ATTENDING PHYSICIAN

| Detail | Information |
|----------------|-----------------------|
| Name | Dr. Subhashree |
| ID | D003 |
| Department | Cardiology |
| Specialization | Heart |
| Experience | 10 years |
| Contact | +919437219501 |
| Email | suhashree@example.com |

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