

Prime Care Hospital

Appointment Confirmation

Patient Information

Name: gy gy
Contact: 7061042974

Email: gyanganga343@gmail.com
Address: adkhani sutihara bihar

Doctor Information

Name: Dr. Aman singh
Department: Pediatrics

Specialization: N/A

Appointment Details

Date: Wednesday, February 1, 4333

Time: To be confirmed

Reference ID: 67fd066dcb7e423640713d06

Status: **CONFIRMED**

Notes: None

For any questions or changes to your appointment, please contact:
(7061042974 | ' ravikumarstm333@gmail.com | www.primecare.com

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