

Prime Care Hospital

Appointment Confirmation

Patient Information

Name: subhadip maji
Contact: 9091966910

Email: subhadipmaji6565@gmail.com
Address: banglor house no 2553

Doctor Information

Name: Dr. Aman singh
Department: Pediatrics

Specialization: N/A

Appointment Details

Date: Thursday, April 24, 2025

Time: To be confirmed

Reference ID: 67fd241d54e4590a9cb55def

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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