

Prime Care Hospital

Appointment Confirmation

Patient Information

Name: ravi kumar
Contact: 1234567891

Email: ravi@gmail.com
Address: cfggh

Doctor Information

Name: Dr. Aman singh
Department: Pediatrics

Specialization: N/A

Appointment Details

Date: Thursday, April 17, 2025
Time: To be confirmed
Reference ID: 67fdff10edd97d75fdf1f81b

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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