

# Ø<ßå City General Hospital

## Appointment Confirmation

### Patient Information

Name: gy gy  
Contact: 7061042974

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

### Doctor Information

Name: Dr. Rahul Sharma  
Department: Cardiology

Specialization: N/A

### Appointment Details

Date: Thursday, April 24, 2025  
Time: To be confirmed  
Reference ID: 67fcebb876ed800ffcc6be9

Status: **CONFIRMED**  
Notes: None

For any questions or changes to your appointment, please contact:  
Ø=Üþ (123) 456-7890 | ' appointments@cityhospital.com | Ø<ß www.cityhospital.com  
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