REPORT

Patient Name	арри	
Patient Email	appu@gmail.co	om
Age		
Test Name	Thairoid testt	
Choose Content	Blood Count	~
Max Value	450	
Min Value	85	
Present	70	
	Submit	Cancel

Particulars	Max. Value	Min.Value	Present
RBCC	220	210	70
RBCC	220	210	70
Blood Count	450		70

Print Ma
