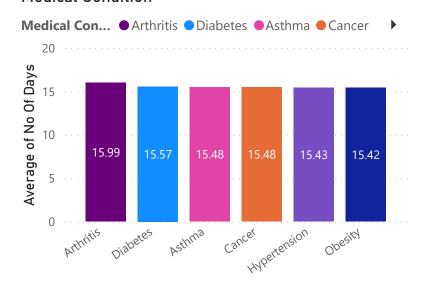
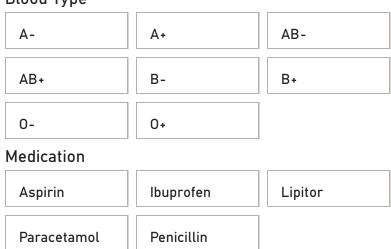
## Average of No Of Days by Medical Condition and Medical Condition



Blood Type



\_\_\_ Elective

\_\_\_ Emergency

☐ Urgent

9378

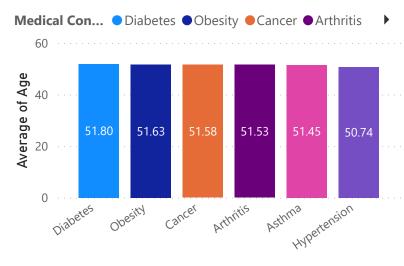
Count of Name

### Date of Admission

30-10-2018 🗐 30-10-2023 🗒

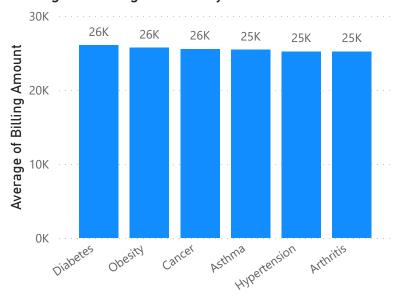
## **Medical Condition**

# Average of Age by Medical Condition and Medical Condition



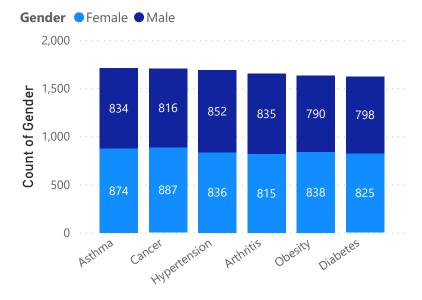
**Medical Condition** 

### Average of Billing Amount by Medical Condition



#### **Medical Condition**

### Count of Gender by Medical Condition and Gender



**Medical Condition**