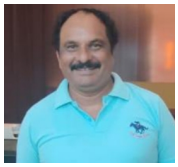
Emergency Report

Card No: 4212504054219678
Name: Nalini M
Phone: 9742533915
Email Id:
nalinidevi.s@gmail.com
DOB: 13-06-1990
Blood Group: O+



Emergency Contact Number

Name	Phone	Relationship
office	9986880000	office
x	7259290700	f
y	9980557319	y

Hospital Preference

Hospital Preference:

Last admitted on:

Medical Note:

Vitals

Name	Value	Date

Medical Visits

Type	Doctor	Reason	Date
New	head ache	due to headache	20-02-2022

Vaccine

Vaccine	Dose	Date

Allergy

Diagnosis

Medicine

Name	Strength	How often taken
hhj	ghh	101

Surgeries

ghh

Insurance

Name	Policy No	Expiry Date