Patient details

Date	:	14-Jan-2025 / 11:00AM - 11:15AM
Doctor	:	Abdulrahman(Dental)
Reg # / Patient Name	:	38023 / ATHUL MAVOLI JAYARAJAN MAVOLI
Mobile #	:	0543957776
Gender / DOB/Age	:	Male / 16-Aug-1992
Nationality	:	Indian
Insurance / Card#	:	NAS - EN CN GN / RNP3-1NLM-VMVP-3VAE
EMID #	:	784-1992-3293513-2

Medical Record details

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Jan-2025	Abdulrahman	K05.329	Chronic periodontitis, generalized, unspecified severity	

Doctor Signature & Stamp :