

Matab Al Abbasi

Patient Registration Form

Serial No: PT-2026-0002

Printed: 07 Jul 2026

Patient Details

First Name	Uzair	Father / Husband Name	Saleem
Phone	03242277683	Age	23
Gender	Male	Reference	—
Address	garden west, karachi		

Visit Details

Visit Date	07 Jul 2026	Doctor Name	Muhammad
Disease / Health Issue	Test	Follow-up Date	—
Status	Active	Notes	—

Fee Details

Patient Fee	Received Fee	Discount Fee
1,000.00	500.00	500.00

Consent & Agreement

Patient/family consent and agreement text will be added here. The patient or family member confirms that the provided information is correct and agrees to the clinic's process.

Patient / Family Signature: _____

Staff Signature: _____

Date: _____