

## Encounter Form Details Data

**First Name:** Marmik

**Last Name:** Patel

**Location:** Gurukul, Ahmedabad, Maharashtra, 654543215

**Date of Birth:** 14-01-2003 00:00:00

**Date of Request:**

**Phone:** 8200284529

**Email:** marmik@gmail.com

**History of Present Illness or Injury:** a

**Medical History:**

**Medications:**

**Allergies:**

**Temp:**

**HR:**

**RR:**

**Blood Pressure Diastolic:**

**Blood Pressure Systolic:**

**O2:**

**Heent:**

**Pain:**

**CV:**

**Chest:**

**ABD:**

**Extremities:**

**Skin:**

**Neuro:**

**Other:**

**Diagnosis:**

**Treatment Plan:**

**Medical Dispensed:**

**Procedures:**

**FollowUp:**