

Encounter Form

Medical Report - Confidential

<div>First Name</div> <div>ishti New Name</div>
<div>Last Name</div> <div>bhatt</div>
<div>Location</div> <div>Panchsati Society, Jamnagar, Gujarat, 361002</div>
<div>2024-02-27</div> <div>2024-02-12</div>
<div>First Name</div> <div>isha@gmail.com</div>
<div>123456</div>
<div>History of Present Illness or Injury</div> <div>Medical History</div>
<div>Medical history</div> <div>Allergies</div>
<div>Temp</div> <div>20R</div> <div>20R</div>
<div>Blood Pressure(S)</div> <div>Blood Pressure(D)</div> <div>99/2</div> <div>Rid pain in legs</div>
<div>Nothing about heent</div> <div>nothing about CV</div> <div>nothing about chest</div>

nothing about abd

nothing about extr

nothing about skin

nothing about neuro

nothing

needed to go for further diagnosis

completed treatment

Medications Dispensed

Procedures

followed