

Encounter Form Details

First Name: fvb

Last Name: savaliya

Location:

Date of Birth: 07-04-5120 00:00:00

Date of Request:

Phone: 123654789290

Email: mihir@gmail.com

History of Present Illness or Injury:

Medical History: vc

Medications: gfdgd

Allergies: dfgdg

Temp: 56

HR: 12

RR: dff

Blood Pressure Diastolic: 89

Blood Pressure Systolic: 45

O2: 95

Heent: zfdfds

Pain: full

CV: sfd

Chest: fdsf

ABD: fdsf

Extremities: df

Skin: yess

Neuro: noo

Other:

Diagnosis: yes

Treatment Plan: no plan

Medical Dispensed:

Procedures:

FollowUp: