

itals

<input type="checkbox"/>	DATE OF EXAM	EXAMINAR	REASON FOR EXAM	RESULTS
<input type="checkbox"/>	12/29/2020	Dr. Abdul khan	Initial	Pulse : 55 per/min
<input type="checkbox"/>	12/29/2020	Dr. Abdul khan	Initial	Temp : 99.5 °F

Growth Chart

<input type="checkbox"/>	DOB	WEIGHT	HEIGHT	LENGTH	HEAD D.M	NECK D.M	WEIST D.M	SHOULDER WIDTH
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nmunization

<input type="checkbox"/>	VACCINE	ABBREVIATIONS	AGE	DOSE	STATUS
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Clinical Notes

Template Name : GP Visit

Objective :	Objective :	Assessments :	Plan :
History Of Present illness :	Review Of Systems :	Differential Diagnosis :	Needs follow-up : false
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Review Of Systems :	Differential Diagnosis :	Needs follow-up : false	Objective :
Assessments :	Plan :	History Of Present illness :	Review Of Systems :
Differential Diagnosis :	Needs follow-up : false		

Template Name : GP Visit

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1/1/2021

| Medi Clinic

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Review Of Systems :	Differential Diagnosis :	Needs follow-up : false	Objective :
Assessments :	Plan :	History Of Present illness :	Review Of Systems :
Differential Diagnosis :	Needs follow-up : false		

Prescription

<input type="checkbox"/>	MEDICATION NAME	QUANTITY	FREQUENCY	DOSE	UNIT	START DATE	STOP DATE	MEDICATION COMMENTS	ACTION
	abs								
<input type="checkbox"/>	VISIT ID	DATE/TIME OF EXAM	EXAMINER	TYPE OF EXAM	REASON FOR EXAM	RESULTS	REPORT		

Imaging

<input type="checkbox"/>	PATIENT NAME	DATE OF IMAGING	TIMMING OF IMAGING	REPORTED BY	TYPE OF IMAGE	REPORT STATUS	IMAGE FILM	DIAGNOSIS
<input type="checkbox"/>	DOC IMAGE	DATE OF PRESCRIPTION	ITEMS	CPT CODE	ICD CODE	PRESCRIBER	BARCODE NO	PRESCRIPTION REF. NO

Procedure

<input type="checkbox"/>	VISIT/PROCEDURE	DATE/TIME	PHYSICIAN	ICDCODE	CPTCODE	ACTION

Allergies

Message

<input type="checkbox"/>	FROM	MESSAGE	ACTION

Invoice

<input type="checkbox"/>	INVOICE NO	PATIENT NAME	PATIENT EMAIL	CREATE DATE	INVOICE DATE	MESSAGE ON INVOICE
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