

Encounter Form Details

First Name: kabir

Last Name: khan

Location: , kundla, SDAA

Date of Birth: 24-02-2024

Date of Request:

Email: kabir@gmail.com

History of Present Illness or Injury:

Medical History: sdfs

Medications:

Allergies: sfs

Temp:

HR:

RR:

Blood Pressure Diastolic:

Blood Pressure Systolic:

O2:

Heent: sfs

Pain:

CV:

Chest: sdfs

ABD: sfs

Extremities:

Skin: sffs

Neuro:

Other: fsfs

Diagnosis:

Treatment Plan: sfs

Medical Dispensed:

Procedures:

FOLLOWUP:

