

Encounter Form Details

First Name: **stive**

Last Name: **smith**

Location: , **savar kundla, amreli gurat**

Date of Birth: **23-02-2024**

Date of Request:

Email:

History of Present Illness or Injury:

Medical History:

Medications:

Allergies:

Temp:

HR:

RR:

Blood Pressure Diastolic:

Blood Pressure Systolic:

O2:

Heent:

Pain:

CV:

Chest:

ABD:

Extremities:

Skin: fsdf

Neuro:

Other: sfsdf

Diagnosis:

Treatment Plan:

Medical Dispensed:

Procedures:

FOLLOWUP: