

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: **sfs**

ABD: **sfs**

Extremities:

Skin: **sfs**

Neuro:

Other: **sfs**

Diagnosis:

Treatment Plan: **sfs**

Medical Dispensed:

Procedures:

FOLLOWUP: