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## Encounter Form Details

**First Name:** niyati

**Last Name:** k

**Location:**

**Date of Birth:**

**Date of Request:**

**Phone:** +1 798-434-9008

**Email:**

**History of Present Illness or Injury:** accident

**Medical History:** none

**Medications:** none

**Allergies:** nil

**Temp:** 98

**HR:** 56

**RR:** 56

**Blood Pressure Diastolic:** 55

**Blood Pressure Systolic:** 55

**O2:** 55

**Heent:** 55

**Pain:** 55

**CV:** 55

**Chest:** 55

**ABD:** 55

**Extremities:** 55

**Skin:** 55

**Neuro:** 55

**Other:** 55

**Diagnosis:** minor creak

**Treatment Plan:** plaster

**Medical Dispensed:** nil

**Procedures:** nil

**FollowUp:** nil

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