

Encounter Form Details

First Name: P

Last Name: T

Location: Vastrapur Ahmedabad Guj 785858

Date of Birth:

Date of Request:

Email: pt@gmail.com

History of Present Illness or Injury: No

Medical History: No

Medications: dolo-650

Allergies: No

Temp: 30.00

HR: 80.00

RR: 88.00

Blood Pressure (Diastolic): Yes

Blood Pressure (Systolic): 35

O2: 99.00

HEENT: No

Pain: No

CV: Yes

Chest: NA

Abdomen: NA

Extremities: NA

Skin: Smooth

Neuro: Brain

Other: NA

Diagnosis: Yes

Treatment Plan: 22 Month

Medications Dispensed: Large

Procedures: Follow

Follow Up Frequency: Yes