

Encounter Form Details

First Name: Raj

Last Name: Kushwaha

Location: Ahmedabad GUJARAT

Date of Birth: 07-09-2003 00:00:00

Date of Request: 30-04-2024 13:38:58

Email: raj360917@gmail.com

History of Present Illness or Injury: hi

Medical History: hi

Medications: hi

Allergies: h

Temp: ih

HR: ih

RR: ih

Blood Pressure (Diastolic): ih

Blood Pressure (Systolic): ih

O2: h

HEENT: i

Pain: ih

CV: h

Chest: ih

Abdomen: i

Extremities: hih

Skin: ih

Neuro:

Other:

Diagnosis:

Treatment Plan:

Medications Dispensed:

Procedures:

Follow Up Frequency: