



## **Personal Information**

Title Ms.	First Name <b>Sharon</b>	Last Name <b>Ford</b>	Date of Birth Feb 11 1983		MRN <b>1227961</b>
	s Line 1 /anderbilt Rd	Address Line 2 Near By Estafe	City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38106</b>
PCP Na	ame ith, Ray				

# **Diagnosis History**

	Diagnosis	ICD Code	Diagnosis Date	End Date	Status	Comments	
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## Medications

Name	Dose	Route	Frequency	Duration	Instruction	Start Date	End Date	Status
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# Allergies

Туре	Allergies	Severity	Reaction	Reaction Type	Date of Onset	Status
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## **Test Results**

Type of Test
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