

Encounter Form Details

First Name: Ravi

Last Name: Borad

Location:

Date of Birth:

Date of Request: 4/29/2024 2:47:13 PM

Email: ravi123@gmail.com

History of Present Illness or Injury: f

Medical History: as

Medications: asdf

Allergies: sdf

Temp:

HR: afds

RR:

Blood Pressure (Diastolic):

Blood Pressure (Systolic):

O2:

HEENT: adf

Pain: dfa

CV:

Chest: afd

Abdomen:

Extremities:

Skin:

Neuro: dfa

Other:

Diagnosis: afd

Treatment Plan: df

Medications Dispensed: adsff

Procedures: ad

Follow Up Frequency: fad