<u>Encounter Form Details</u>
First Name: vishal
Last Name: bariya
Location: kh-7 gandhinagar,gujrat, (456789)
<b>Date of Birth:</b> 2003-01-01
Date of Request: 2024-02-22
Phone: 4561237895
Email: vishal@123.com
History of Present Illness or Injury:
Medical History:
Medications: dfgdf
Allergies:
Temp:
HR:
RR:
Blood Pressure Diastolic:
Blood Pressure Systolic:
O2:
Heent:
Pain:
cv:
Chest: gdfgdf
ABD: gdfg

