

Encounter Form Details

**First Name:** the

**Last Name:** king

**Location:** abc kalol,Gujarat, (562344)

**Date of Birth:** 2024-04-18

**Date of Request:** 2024-04-04

**Phone:** 9517538521

**Email:** shlok@abc.com

**History of Present Illness or Injury:**

**Medical History:**

**Medications:**

**Allergies:**

**Temp:**

**HR:**

**RR:**

**Blood Pressure Diastolic:**

**Blood Pressure Systolic:**

**O2:**

**Heent:**

**Pain:**

**CV:**

**Chest:**

**ABD:**

**Extremities:**

**Skin:**

**Neuro:**

**Other:**

**Diagnosis:**

**Treatment Plan:**

**Medical Dispensed:**

**Procedures:**

**FOLLOWUP:**