

Encounter Form Details

**First Name:** Shlok

**Last Name:** Jadeja

**Location:** sdfsd kalol,dfgfg, (456123)

**Date of Birth:** 1-1-01

**Date of Request:** 2024-02-20

**Phone:** 97562312361

**Email:** abc@abc.com

**History of Present Illness or Injury:** zsfdsd

**Medical History:** fsdf

**Medications:** sdfsd

**Allergies:** sdfsd

**Temp:** fszd

**HR:** fsdf

**RR:** sdzf

**Blood Pressure Diastolic:** treter

**Blood Pressure Systolic:** treter

**O2:** ret

**Heent:**

**Pain:** e

**CV:**

**Chest:**

**ABD:**

**Extremities:**

**Skin:**

**Neuro:**

**Other:**

**Diagnosis:**

**Treatment Plan:**

**Medical Dispensed:**

**Procedures:**

**FOLLOWUP:**