

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: zsfds

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: