

Encounter Form Details Data

First Name: taksh

Last Name: gadhiya

Location: vekariya street rajkot gujarat

Date of Birth: 29-01-2024 00:00:00

Phone: 2143132556

Email: sohilvekariya123@gmail.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: