

Encounter Form Details Data

First Name: cris

Last Name: gayle

Location: K Colony rajkot Texas

Date of Birth: 12-04-2024 00:00:00

Phone: 9998959433

Email: crisgayle@gmail.com

History of Present Illness or Injury: swyne flue

Medical History:

Medications: abc

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: