SOUTHWESTERNUNIVERSITY

PHINMA

UNIVERSITY CLINIC

CLINIC NOTE

PE NO:	1728579844990									
		_						Date:	10/10/20	24
Name:	test test						Age:	1	Sex:	male
Address:	test Departmen				t/College: College of Law			Section:	Block 1	
Phone/Contact Number: 0967857546546			6	Phinma Email: test@gmail.com			gmail.com	_		
CHIEF COMPLAINT: test						Vital Signs:				
					-	Blood Pr	essure:	120/80 mmHg	mmHg	
WORKING Dx test					Pulse Rat	te:	72 bpm	bpm		
						Respira	tory:	16 breaths/min	cpm	
						Tempera	ature:	37.2°C	°C	
						SpO2:		98%	%	
Hx OF CU	RRENT ILLN	IESS:							_	
	SIGNS AND SYMPTOMS :test				LAST ORAL INTAKE: Breakfast (7 AM)					
	ALLERGIES : None MEDICATIONS :test				Event leading to injury : No injury rep				orted	
					MANAGEMENT : test					
	PAST MEDI	ICAL HISTOR	RY: None							

Approved by:

Remarks: test

IANNE JIREHN RAMOS-CAÑIZARES, MD, FPCP University Physician PRC License #: 0128061

