

# Sunrise Medical Center

**Name:**

Anderson ~~Smith~~

**Date of Birth:**

1978 11 19

**Main Complaint:**

Melaise, ~~Short~~ heart, Back Stiffness

**Allergies:**

Vaccine Components

**Medications:**

Budesonide Inhaler, Cough Syrup, ~~Short~~ heart an

**Insurance:**

Opt Care

Harper Johnson