

Encounter Form Details

First Name: deepak

Last Name: chauhan

Location: ds

Date of Birth: 2024-04-03

Date of Request: 04-04-2024 00:00:00

Phone: 1111111111

Email: deepak@mailinator.com

History of Present Illness or Injury: etg

Medical History: yhr

Medications: yrh

Allergies: yth

Temp: 21

HR: 65

RR: 45

Blood Pressure Diastolic: 15

Blood Pressure Systolic: 12

O2: 45

Heent: rht

Pain: jkhasf

CV: hry

Chest: rhy

ABD: trth

Extremities: yrth

Skin: rhy

Neuro: tew

Other: rte

Diagnosis: te

Treatment Plan: ret

Medical Dispensed: weat

Procedures: tey

FollowUp: rtewa