

Encounter Form Details

First Name: MAhi

Last Name: lakhani

Location: ret

Date of Birth: 2024-04-17

Date of Request: 10-04-2024 00:00:00

Phone: 4578787878

Email: mahi@mailinator.com

History of Present Illness or Injury: ter

Medical History: etwr

Medications: ewtr

Allergies: ter

Temp: 21

HR: 65

RR: 45

Blood Pressure Diastolic: 15

Blood Pressure Systolic: 12

O2: 45

Heent: rew

Pain: jkhasf

CV: yrewt

Chest: yrewt

ABD: ewry

Extremities: erwy

Skin: erwy

Neuro: ywer

Other: erwy

Diagnosis: ewry

Treatment Plan: tr

Medical Dispensed: rew

Procedures: yerw

FollowUp: reyww