

# Encounter Form Details

First Name: chintan

Last Name: rupareliya

Location: xyz

Date of Birth: 2024-04-01

Date of Request: 05-04-2024 00:00:00

Phone: 0987654321

Email: chintan@mailinator.com

History of Present Illness or Injury: asd

Medical History: gasd

Medications: dfsag

Allergies: adfsg

Temp: 21

HR: 65

RR: 45

Blood Pressure Diastolic: 15

Blood Pressure Systolic: 12

O2: 45

Heent: fdlzsg

Pain: jkhasf

CV: hf

Chest: gtf

ABD: bhgfh

Extremities: hgs

Skin: hsfsg

Neuro: hsg

Other: hsd

Diagnosis: hdaf

Treatment Plan: hdfas

Medical Dispensed: hdsf

Procedures: hdfas

FollowUp: hfds