

Encounter Form Details

First Name: ted

Last Name: doy

Location: tedotedogujarat230001

Date of Birth: 2024-04-14

Date of Request:

Phone: 123

Email: tedoyi4936@rartg.com

History of Present Illness or Injury: historyy

Medical History: medical

Medications: medication

Allergies: all

Temp: 1

HR: 2

RR: 2

Blood Pressure Diastolic: 2

Blood Pressure Systolic: 2

O2: 2

Heent: heent

Pain: pain

CV: cv

Chest: chest

ABD: abd

Extremities: extr

Skin: skin

Neuro: neuro

Other: other

Diagnosis: dia

Treatment Plan: tp

Medical Dispensed: md

Procedures: pro

FollowUp: fl