

Encounter Form Details

First Name: sapodo

Last Name: sapodoMain

Location: strstegujarat232323

Date of Birth: 2024-04-05

Date of Request:

Phone: 1221

Email: sapodo8754@rartg.com

History of Present Illness or Injury: history

Medical History: medical

Medications: meditation

Allergies: all

Temp: 3

HR: 4

RR: 4

Blood Pressure Diastolic: 4

Blood Pressure Systolic: 4

O2: 4

Heent: heent

Pain: pain

CV: cv

Chest: chest

ABD: abd

Extremities: extr

Skin: skin

Neuro: neuro

Other: otherrr

Diagnosis: gi

Treatment Plan: tp

Medical Dispensed: md

Procedures: ppp

FollowUp: fp