

## **Encounter Report**

First Name: himanshu Last Name: babariya

**Location:** 

**Date of Birth:** 02/04/2024 00:00:00 **Date of Request:** 10/04/2024 10:52:10

**Phone:** 0884999677

Email: himanshubabariya2683@gmail.com History of Present Illness or Injury: fsdfds

Medical History: sdfdsf

**Medications:** fdsfdsf

Allergies: dsfdsf

Temp: dsfsdf

**HR:** fdsfds **RR**: fdsfds

**Blood Pressure Diastolic:** dsfdsfds **Blood Pressure Systolic:** dsfdsfds

O2: fdsf **Heent:** dsfs

Pain: fdsf CV: sdfsdf Chest: dfsdf

**ABD:** dsf

**Extremities:** fsdf

Skin: dsfds

Neuro: f Other: dsfds

Diagnosis: dsfds

**Treatment Plan:** fdsf

Medical Dispensed: sdfsdf

**Procedures:** sdf

FollowUp: sdfsdfdsf