



Encounter Report

First Name: Noelle

Last Name: Kent

Location:

Date of Birth: 16/01/1972 00:00:00

Date of Request: 17/04/2024 12:10:57

Phone: +1 (831) 123-2918

Email: nuciqequg@mailinator.com

History of Present Illness or Injury:

Medical History:

Medications:

Allergies:

Temp:

HR:

RR:

Blood Pressure Diastolic:

Blood Pressure Systolic:

O2:

Heent:

Pain:

CV:

Chest:

ABD:

Extremities:

Skin:

Neuro:

Other:

Diagnosis:

Treatment Plan:

Medical Dispensed:

Procedures:

FollowUp: