

Encounter Report

First Name: himanshu Last Name: babariya

Location:

Date of Birth: 02/04/2024 00:00:00 **Date of Request:** 10/04/2024 10:04:29

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