

## **Encounter Report**

First Name: hemangh

Last Name: aptrel

**Location:** 

**Date of Birth:** 25/04/2006 00:00:00

**Date of Request:** 16/04/2024 09:36:36

**Phone:** 884999677

Email: janvi2683@gmail.com

History of Present Illness or Injury: sdfsdf

Medical History: fdsfsfds

**Medications:** fdsf

Allergies: fdsfdsfdsfds

Temp: dsfdsfd

HR: sdf RR: dsfsd

**Blood Pressure Diastolic:** fdsf **Blood Pressure Systolic:** fdsf

O2: dsfdsfsd **Heent:** dsfdsf

Pain: fdsf CV: sdfsdf Chest: sfs **ABD:** fdsf

**Extremities:** sdf

Skin: dsfdsf **Neuro:** sdfdsf Other: sdfsdf Diagnosis: sdf

Treatment Plan: sdf

Medical Dispensed: sdf

Procedures: sdfsdf

FollowUp: sdfs