

Encounter Details

Name:
Gilbert Adams
email:gilbert@gmail.com
Encounter Date:2024-05-28
Address:--
Clinic Name: Wellness Dental Clinic
Doctor Name: Jorge Adams
Description: --

Clinic Details

No	Problem	Observation	Notes
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Prescription

Name	Frequency	Duration	
1	pa --	daily	1

Other Details	--
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Doctor Signature :