

A

DATE: 10/10/2018

NAME: [unclear]

SEX: [unclear]

ADDRESS: [unclear]

PHONE: [unclear]

REASON FOR VISIT: [unclear]

PHYSICAL EXAM: [unclear]

LABORATORY: [unclear]

DIAGNOSIS: [unclear]

TREATMENT: [unclear]

PROGNOSIS: [unclear]

PRESCRIPTIONS: [unclear]

ADVICE: [unclear]

REMARKS: [unclear]

SIGNATURE: [unclear]

DATE: [unclear]

TIME: [unclear]

LOCATION: [unclear]

CLINICAL HISTORY: [unclear]

PHYSICAL EXAM: [unclear]

LABORATORY: [unclear]

DIAGNOSIS: [unclear]

TREATMENT: [unclear]

PROGNOSIS: [unclear]

2018-10-10