

**Photo
Not
Available**

Insurance / Card#	FMC Standard Network / 1019-010-120092949-01	
EMID #	784-1998-8788581-4	

Medical Record details

Complaints

Complaints
PC: Lower abdominal pain following the onset of period
Duration: 2days
Also has burning upper abdominal pain and nausea

Allergies

Allergy Type	Allergy Type Description	Allergy Severity	Allergy For	Other Allergy
Other	No Known Allergies	Unknown	Unknown	