HEALTHCARE

Patient: NEWOO FAXOO (04/25/1984 - 41y), Female
Address: Se Crossroads Ave Happy Valley, OR 97086
Phone: (702) 602-1673
Seen On: 12/19/2025

Seen At: ACME Urgent Care
Address: 123 Main St Atlanta, GA 30303
Phone: (605) 333-5588
Fax: (332) 241-0212
Provider:

Chief Complaint

Adolescent Wellness
Source: Self

Vitals

Vitals:
Air Source: Room Air

Set 1:

History of Present Illness

No history of present illness data entered

PAST MEDICAL HISTORY

Allergies

No allergies entered

Medication

No medications entered
Express Drugs
212 Edgewood Ave. NE
Atlanta, GA 30303
Phone: (404) 688-2211
Fax: (404) 688-2226

Immunization

No immunizations entered

Surgical History

No surgical history entered

Medical Condition

No past medical history entered

Preventative Med Notes

No preventativeMedNotes entered

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Social History

No social history entered

Family History

No family history entered

Review of Systems

No review of systems data entered

Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found

Assessment/Plan

No assessment plan entered

Prescription

Signature

Addendums

Order Form

12/06/2023

DoseSpotClinic
N Washington Ave
Green Brook, NJ 08812

NPI:

Phone: (860) 944-9421 Fax: (860) 995-9416

Stewart Slater Male 01/02/2000
(860) 955-9531

Scott Dr
Hillsborough, NJ 08844

Primary Insurance

Insurance Address

Subscriber Name

Insured Name

Address

Priority:

ICD10 Code

MR MUSCULOSKELETAL

- ☐ Shoulder
- ☐ Elbow ☐L ☐R
- ☐ Wrist ☐L ☐R
- ☐ Hand ☐L ☐R
- ☐ Hip ☐L ☐R
- ☐ Knee ☐L ☐R
- ☐ Lower Leg ☐L ☐R
- ☐ Ankle ☐L ☐R
- ☐ Foot ☐L ☐R
- ☐ MR Arthrography Specify joint:

MR BODY

- ☐ Abdomen ☐ Pelvis
- ☐ MRCP ☐ Liver
- ☐ Kidney

MR NEURO

- ☐ Brain
- ☐ IAC's/Orbits
- ☐ Pituitary
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus ☐L ☐R
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
  - ☐ w/3D Myelogram
- ☐ Sacrum/Coccyx
- ☐ WEIGHT BEARING MRI

MR SPECIAL

- ☐ Breast
- ☐ Cardiac
- ☐ Enterography (MRE)
- ☐ Prostate
- ☐ TMJ
- ☐ Urogram
  (Abd/Pel w/wo with 3D recon)

MRA

- ☐ Brain ☐ Carotid
- ☐ Abdomen ☐ Kidney
- ☐ Runoff (Abd, Pel, Bilat legs)
- ☐ MRV Specify area of interest:

☐ MR OTHER Specify area of interest:

CT NEURO

- ☐ Brain ☐ Sinus
- ☐ Facial Bones
- ☐ IAC's/Temporal Bone
- ☐ Orbits ☐ Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

CT MUSCULOSKELETAL ☐

Extremity (Specify area of interest)

- ☐ w/3D Recon.

☐ CT Arthography (Specifc Joint)

CT BODY

- ☐ Chest ☐ Abdomen ☐ Pelvis
- ☐ Urogram (Abd/Pel w/wo with 3D recon)
- ☐ Cardiac Calcium Score
- ☐ Low Dose Lung Screen

VASCULAR CT ANGIOGRAPHY

(All with IV contrast–no oral contrast)

- ☐ CTA Brain ☐ CTA Carotids
- ☐ CTA Chest (Pulmonary Embolus Protocol)
- ☐ CTA Aorta (Chest, Abd, Pel)
- ☐ CTA Coronary Arteries
- ☐ CTA Venous Structure
- ☐ CT OTHER (Specify area of interest)

X-RAY/FLUOROSCOPY

- ☐ Chest ☐ Abdomen
- ☐ Pelvis ☐ Cervical Spine
- ☐ Thoracic Spine ☐ Flex
- ☐ Lumbar Spine ☐ Ext.
- ☐ Scoliosis/AP & LAT (T+L Spine)
- ☐ Pelvis Hip ☐RT &/or ☐LT
- ☐ Upper Extremity Indicate Site: _____ ☐RT ☐LT
- ☐ Lower Extremity Indicate Site: _____ ☐RT ☐LT
- ☐ Upper GI-W/Air per Rad*
- ☐ Ba Enema-W/Air per Rad*
- ☐ Esophagram*
- ☐ Small Bowl Study*
- ☐ Other

NUCLEAR MEDICINE Provide comparison films

- ☐ DaTscan
- ☐ Bone Scan Whole Body
- ☐ Bone Scan 3 Phase of:

☐ Bone Scan Limited of:

- ☐ Hepatobiliary Scan (HIDA)
  ☐ With EF ☐ W/O EF
- ☐ Thyroid Scan & Uptake*
- ☐ Liver/Spleen Scan
- ☐ Parathyroid Scan with SPECT
- ☐ Muga Resting
- ☐ Gastric Emptying Scan* Single Phase Only
- ☐ Renogram* ☐Lasix ☐No Lasix
- ☐ Renogram* With Captopril
- ☐ Lung Scan ☐Vent/LPerf ☐Quantilation
- ☐ Other _____

WOMEN'S IMAGING

- ☐ 3D Mammogram - Screening
- ☐ 3D Mammogram - Diagnostic
  w/ CAD and Breast US if questionable mammo ☐L ☐R ☐B
- ☐ Breast US - Screening ☐L ☐R ☐B
- ☐ Breast US - Diagnostic ☐L ☐R ☐B
- ☐ DEXAscan ☐L ☐R ☐B
- ☐ Stereotactic Biopsy ☐L ☐R ☐B
- ☐ Needle Localization ☐L ☐R ☐B
- ☐ US biopsy ☐L ☐R ☐B
- ☐ Cyst Aspiration ☐L ☐R ☐B
- ☐ MR Biopsy ☐L ☐R ☐B

PET

- ☐ PET/Skull Base to Thigh*
- ☐ PET / Whole Body*
- ☐ PET/Brain Amyvid Alzheimers
- ☐ PET/Brain* ☐ PET/Bone Scan

ULTRASOUND

- ☐ Abdomen
- ☐ Pelvis w/ Transvaginal
- ☐ Aorta
- ☐ Retroperitoneum
- ☐ Scrotum
- ☐ Thyroid

VASCULAR ULTRASOUND

- ☐ Arterial ☐ Venous
  - ☐ Upper Ext.
  - ☐ Lower Ext.
    ☐L ☐R ☐BILAT
- ☐ ABI
- ☐ Insufficiency
- ☐ Carotid
- ☐ Renal Doppler

☐ US OTHER (Specify area of interest)

_____

Electronically signed by