



Patient: SDFS SDFS (01/22/1992 - 33y), Female  
 Address: S 3rd St Lebanon, OR 97355  
 Phone: (602) 784-5434  
 Seen On: 12/09/2025

Seen At: DoseSpotClinic  
 Address: N Washington Ave Dune,  
 NJ 57106  
 Phone: (302) 673-8492  
 Fax: (332) 241-0212  
 Provider:

## Chief Complaint

10 Panel Rapid Drug Test  
 Source: Self

## Vitals

Vitals:  
 Weight: 120 lbs (54.43 kg)  
 Height: 5' 7"  
 BMI: 18.79  
 Air Source: Room Air

Set 1:  
 BP: 120/80 mmHg  
 Pulse: 65 bpm  
 Respiratory Rate: 15 per minute  
 Temperature: 98.0 °F  
 Oxygen Saturation: 99%

## History of Present Illness

Modifying Factors include: Avoidant Behaviors makes symptoms worse, Allergen makes symptoms better. Patient reports Abnormal vaginal bleeding, and are located in the Back, Ankle(s). The patient reports severity of 2/10. Additional Context: Patient presents with existing illness. Symptoms worsen with exertion and improve with rest. Pain is located in the upper chest, severity is moderate, and onset was two weeks ago..

Modifying Factors include: Alcohol makes symptoms better. Patient reports Abnormal vaginal bleeding, and are located in the Arm(s). Additional Context: Patient presents for a 10-panel rapid drug test. Reports cough and ear pain. Alcohol makes symptoms better, while allergies make them worse. Symptoms are located on the arm. Onset was two days ago. Context includes that the patient has a boo-boo..

## PAST MEDICAL HISTORY

### Allergies

Penicillin - Rash

### Medication

No medications entered



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**Immunization**

Flu  
- 12/02/2025

**Surgical History**

No surgical history entered

**Medical Condition**

No past medical history entered

**Preventative Med Notes**

No preventativeMedNotes entered

**Social History**

No social history entered

**Family History**

No family history entered

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**Review of Systems**

System: Genitourinary

Patient Reports: Abnormal vaginal bleeding  
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All non-documented systems have been reviewed and are considered negative

**Exam**

No examination data entered

**Orders & Procedures**

No procedures entered  
No lab requests found

**Assessment/Plan**

Diagnosis Name: Bitten by dog, initial encounter  
Explanation: Monitor patient; may order additional imaging if symptoms worsen

Treatment: Treatment Plan



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**Prescription**

**Signature**

**Addendums**