



Patient: Samuel Test (01/01/2001 - 25y),
NoResponse
Address: Sw Iowa Dr Tualatin, OR 97062
Phone: (301) 995-5111
Seen On: 02/04/2026

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

Chief Complaint

Allergy symptoms, Animal bite
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

Immunization

No immunizations entered

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

Review of Systems

System: Allergic/Immunologic



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Patient Denies: Hives, Itchy eyes
Notes: Note for R&S-99

System: Skin

Patient Reports: Abscess
Patient Denies: Abrasion
Notes: Notes for Skin jkjkjk

All non-documented systems have been reviewed and are considered negative

Exam

Constitutional (Abnormal)
Abnormal: Demonstates abnormal mood and emtional response to stimuli Appears uncomfortable, ill, or restless

Eyes (Abnormal)
Normal: Orbits are symetric without erythema, swelling or tenderness
Abnormal: Visual fields show signs of loss or asymmetry.

GU/Rectal (Male) (Abnormal)
Abnormal: Costovertebral angle tenderness bilaterally.

Musculoskeletal (Abnormal)
Abnormal: Costovertebral angle tenderness bilaterally.

Orders & Procedures

No procedures entered
No lab requests found
No lab reports found

Assessment/Plan

Diagnosis Name: Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault
E/M Description: New Patient, Moderate, 45-59 minutes



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Prescription

Signature

Addendums