

			
CORPUS CHRISTI 150		NAP	
WINDAS NETWORK 01/01/2023		Aetna Select Open Access	
GRP: 0175056-011-00001			
ID W1234 56789			
01 MARIJANE Q SAMPLE-TESTCARD			
POP: NO ELECTION REQUIRED			
02 JESSIE Q SAMPLE-TESTCARD		POP: \$25	
POP: NO ELECTION REQUIRED		SPC: \$25	
03 CAITLIN Q SAMPLE-TESTCARD		POP: NO ELECTION REQUIRED	
POP: NO ELECTION REQUIRED		SPC: \$25	
04 EMILY Q SAMPLE-TESTCARD		POP: NO ELECTION REQUIRED	
POP: NO ELECTION REQUIRED		SPC: \$25	
05 KARA Q SAMPLE-TESTCARD		POP: NO ELECTION REQUIRED	
POP: NO ELECTION REQUIRED		SPC: \$25	
RX BIN# 610502			
www.aetna.com		PAYER NUMBER 60554 0435	



Patient: Kia Test (01/06/2026 - 0y), NoResponse
 Address: Se Kleinsmith Rd Sandy, OR 97055
 Phone: (301) 995-5111
 Seen On: 01/28/2026

Seen At: DoseSpotClinic
 Address: 123 N Main St str 2
 Brooklyn, MI 49230
 Phone: (956) 825-0925
 Fax: (332) 241-0212
 Provider:

Chief Complaint

10 Panel Rapid Drug Test
 Source: Self

Vitals

Vitals:
 Weight: 70 kg (154.3 lbs)
 Height: 9' 9"
 BMI: 7.90
 Air Source: Room Air

Set 1:
 BP: 140/80 mmHg
 Pulse: 90 bpm
 Respiratory Rate: 10 per minute
 Temperature: 91.0 °F
 Temperature Method: Axillary
 Oxygen Saturation: 90%

History of Present Illness

The patient presents today with 10 Panel Rapid Drug Test. Modifying Factors include: Activity makes symptoms better, Air Travel makes symptoms worse, Alcohol makes no change to symptoms. Patient reports Abdominal pain, symptoms started on 01/28/2026. The patient reports severity of 9/10.

PAST MEDICAL HISTORY

Allergies

Skin Adhesive (external) - Anaphylaxis
 Notes: Note for Allergy :- 1

Medication

Vitamin A-25000/D-400 - 01/01/2026 Notes for Medication
 Details text field
 Notes: Note for Medication 2



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Immunization

Flu
 - 01/06/2026

Notes: Note for Immunization 3

Surgical History

Ankle surgery - 01/01/2026

Notes: Note for Surgical History 4

Medical Condition

Anxiety - Active
 Acne - Historical

Notes: Note for Medical Conditions 5

Preventative Med Notes

Last Mammogram - 01/01/2026
 Last Dental Exam - 01/01/2026

Social History

Vaping - hjhkjbtbgjtgbt

Notes: Note for Social History 6

Family History

Anxiety - Paternal Grandfather

Notes: Note for Family History 7

Review of Systems

System: Gastrointestinal

Patient Reports: Abdominal pain

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

Exam

No examination data entered

Orders & Procedures

Status: New
 Procedure: 10 PANEL HAIR DRUG TEST
 Category: Procedure

Status: In Progress
 Procedure: 16 Universal Basic Knee Splint
 Category: Procedure



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Result: O&P Note

Status: Completed

Procedure: 18 Universal Basic Knee Splint

Category: Procedure

Result: O&P Note

Status: New

Procedure: IBUPROFEN (PROVIL)

Category: Med Dispense

Details: Details field

No lab requests found

No lab reports found

Assessment/Plan

Diagnosis Name: Vitamin D deficiency, unspecified

Diagnosis Name: Vitamin D deficiency

Explanation: Explanation Text Field

Treatment: Treatment Plan Text Field

Prescription

Written Date: 01/27/2026 07:00 PM

Name: IBUPROFEN (PROVIL) Tablet 200MG

Quantity: 1 - Refills: N/A

Route: - Dose Form: Tablet

Days Supply: 1

Directions: mn

Signature

Addendums

HII Addendum

- Testing Breeze UAT 01/28/2026 08:39 AM



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