

**VISIT SUMMARY**

Provider Name: Testing DEV
Address: N Washington Ave Dune, NJ 57106
Fax: +13322410212
Clinic Phone Number: +13026738492

Date of Service: 01/16/2026
Patient Name: Mia Test
Sex: Female
Age: 9
Reason For Visit: Animal bite
Source: Self

Allergies:	No allergies entered
Current Medications:	No medications entered
Diagnosis:	Palmar fascial fibromatosis [Dupuytren]
Procedures:	No procedures entered
Prescriptions:	
Discharge Recommendations:	
No discharge instructions entered.	