



Patient: Mark Test (01/14/1997 - 28y), Male  
Address: Lower Silver Lake Lp Rd Ne Silverton,  
OR 97381  
Phone: (301) 912-3456  
Seen On: 01/02/2026

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

## Chief Complaint

Human Bite, Influenza (Flu) symptoms  
Source: Self

## Vitals

Vitals:  
Air Source: Room Air

Set 1:

## History of Present Illness

No history of present illness data entered

## PAST MEDICAL HISTORY

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### 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

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## Review of Systems

No review of systems data entered



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Provider:

## Exam

No examination data entered

## Orders & Procedures

Status: New

Procedure: Flu Vac No Prsv 4 Val 3 Yrs+

Category: Vaccinations / Immunizations

Details: Text Blaze for Testing

No lab requests found

No lab reports found

## Assessment/Plan

No assessment plan entered

Explanation: Text Blaze for Testing

Treatment: Text Blaze for Testing

## Prescription

## Signature

## Addendums



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**VISIT SUMMARY****Provider Name:****Address:** 123 N Main St str 2 Brooklyn, MI 49230**Fax:** +13322410212**Clinic Phone Number:** +19568250925**Date of Service** 01/02/2026**Patient Name:** Mark Test**Sex:** Male**Age:** 28**Reason For Visit:** Human Bite, Influenza (Flu) symptoms  
Source: Self

<b>Allergies:</b>	No allergies entered
<b>Current Medications:</b>	No medications entered
<b>Diagnosis:</b>	No dx information entered.
<b>Procedures:</b>	Status: New Procedure: Flu Vac No Prsv 4 Val 3 Yrs+ Category: Vaccinations / Immunizations Details: Text Blaze for Testing
<b>Prescriptions:</b>	
<b>Discharge Recommendations:</b>	
Text Blaze for Testing	

BlueCross BlueShield		Plan Name Here	
Subscriber Name:			
<b>JOHN DOE</b>		00	Group No: 123456789
Subscriber ID:			RxBin: 015905
<b>YPP123456789</b>			Effective Date: 01/01/22
Members:		Member Responsibility:	
<b>JANE</b>		01	DED-INN/OON \$2,800/\$14,000
<b>SAM</b>		02	OOP Max-INN/OON \$8,700/No Max
			Primary-INN \$15
			Specialist-INN \$150
			URG Care/ER-INN \$150/50% after ded
			Drug Tier 1 \$5 after Rx ded
			Drug Tier 2-6 50% after Rx ded
			Rx Deductible \$2,800

<sub>4D</sub>