



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

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

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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Signature

Addendums

**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

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

BlueCross BlueShield		Plan Name Here
<hr/> <p>Subscriber Name: JOHN DOE 00 Subscriber ID: YPP123456789</p> <hr/>		
Members: JANE 01 SAM 02	<hr/> <p>Group No: 123456789 RxBir: 015905 Effective Date: 01/01/22</p> <hr/>	<p>Member Responsibility: DED-INN/OON \$2,800/\$14,000 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</p> <hr/>
<p> R_{4D}</p>		