

These tags can be used as values for pdf documents forms. The system will replace these tags with the values described below.

1982111 Medical Record Number - patient id from the database

Aetna Primary Insurance Company Name

Secondary Insurance Company Name

W123456789 Primary Insurance Member ID

10 Panel Rapid Drug Test, Abdominal pain, Allergic reaction Chief Complaint (Can be multiple)

09:30 AM Appointment Time

26 Patient Age

Male Patient Sex

Workers' Comp Accident Date

Workers' Comp Claim Number

Aetna Visit Insurance Name - visit insurance company name.

W123456789 Visit Insurance ID Number - insurance number on the primary insurance tied to visit

Primary Care Provider Name. Primary care physician on the patient.

Frank Patient First Name

Test Patient Last Name

Nmc Dr Patient Street Address Line 1

Patient Street Address Line 2

Zebulon Patient City

NC Patient State

27597 Patient ZIP Code

(301) 999-5555 Patient Phone Number. Formatted.

	Social Security Number
ACME Urgent Care	Clinic Name
123 Main St	Clinic Street Address Line 1
	Clinic Street Address Line 2
Atlanta	Clinic City
GA	Clinic State
30303	Clinic ZIP Code
(605) 333-5588	Clinic Phone Number. Formatted
(332) 241-0212	Clinic Fax Number
User	Provider First Name
Fourteen	Provider Last Name
	Secondary Insurance Member ID
	Workers' Comp State
	Workers' Comp Employer Name. If not then Occ Med Employer Name

Lab Results. Test name and result. Each name-result pairt on the new line.

These tags can be used as values for pdf documents forms. The system will replace these tags with the values described below.

Frank Test	Patient Full Name
(301) 999-5555	Patient Phone Number
01/01/2000	Patient Date of Birth formatted to MM/dd/yyyy
	Patient Email
	Patient Street Address. Each address line on the new line.
Nmc Dr	
Zebulon, NC 27597	Patient City, State, ZIP formatted to "Patient City, State ZIP"
01/15/2026	Date of issue formatted to MM/dd/yyyy
User Fourteen	Provider Full Name
R21,D51.9,R10.9	Visit diagnosis codes
Frank Test Nmc Dr Zebulon, NC 27597 (301) 999-5555 01/01/2000	Patient Demographics
Frank Test Male 01/01/2000	Patient Information: patient full name + patient set + patiend date of birth.
01/01/2000	Patient Date of Birth, formatted to MM/dd/yyyy
01/15/2026	Order Date
04:57 AM	Order Time
(605) 333-5588	Clinic Phone Number, formatted.
(332) 241-0212	Clinic Fax Number, formatted
Nmc Dr Zebulon, NC 27597	Patient Full Address

Aetna Insurance Name - primary patient insurance company name.

Po Box 14079 Lexington, KY 40512 Insurance Address - primary patient insurance full address.

Frank Test Subscriber's Name - first and last name on patient primary insurance.

Frank Test Insured Name - patient full name. Populates only if patient has primary insurance.

Nmc Dr Zebulon, NC 27597 Insured Address - patient full address. Populates only if patient has primary insurance.

Aetna Po Box 14079 Lexington, KY 40512 Insurance Information - primary insurance company name then primary insurance full address on the new line. Populates only if patient has primary insurance.

R21,D51.9,R10.9 Diagnosis Code - comma separated list of Icd10Cm codes on visit diagnosis.

Rash and other nonspecific skin eruption,Vitamin B12 de Diagnosis Name - comma separated list of diagnosis code names on visit

123 Main St Atlanta, GA 30303 Clinic Full Address

User Fourteen Provider Full Name - visit provider full name.

1154321594 NPI Number - visit provider npi number

Primary Care Provider Name - full name of primary care physician on the patient.