

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 pair 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 + patient 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

Clinic Full Address

123 Main St Atlanta, GA 30303

User Fourteen

Provider Full Name - visit provider full name.

1154321594

NPI Number - visit provider npi number

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