



Patient: Hover David (01/21/2005 - 21y), Male  
Address: Se Mojave St Boardman, OR 97818  
Phone: (203) 245-5555  
Seen On: 02/24/2026

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

**Chief Complaint**

Allergic reaction, Abrasion, 10 Panel Rapid Drug Test  
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**

System: Skin



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Patient Reports: Abrasion

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All non-documented systems have been reviewed and are considered negative

### **Exam**

No examination data entered

### **Orders & Procedures**

No procedures entered

No lab requests found

Lab reports:

David patient task

02/24/2026 08:03 AM

### **Assessment/Plan**

No assessment plan entered

### **Prescription**

### **Signature**

### **Addendums**