



Patient: JHJG THVGH (01/01/2004 - 22y),  
 NoResponse  
 Address: Fairgrounds Mkt Pl Skowhegan, ME  
 04976  
 Phone: (301) 997-7551  
 Seen On: 01/27/2026

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

### Chief Complaint

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

---

#### 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



Patient: JHG THVGH (01/01/2004 - 22y),  
 NoResponse  
 Address: Fairgrounds Mkt Pl Skowhegan, ME  
 04976  
 Phone: (301) 997-7551  
 Seen On: 01/27/2026

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

## Exam

No examination data entered

## Orders & Procedures

Status: New  
 Procedure: Test Procedure Form

Category: Procedure

-----Form Data-----

Joint: Shoulder

Decadron: 2

Quantity in ml: 4

-----  
 Result: hvhjjbnbnjhv  
 ---

Status: New  
 Procedure: GABAPENTIN (NEURONTIN)  
 Category: Med Dispense

---  
 Status: New  
 Procedure: IBUPROFEN (PROVIL)  
 Category: Med Dispense

No lab requests found  
 No lab reports found

## Assessment/Plan

No assessment plan entered

## Prescription

Written Date: 01/26/2026 07:00 PM  
 Name: GABAPENTIN (NEURONTIN) Capsule 100MG  
 Quantity: 1 - Refills: N/A  
 Route: - Dose Form: Capsule  
 Days Supply: 1  
 Directions: bn



Patient: JHJG THVGH (01/01/2004 - 22y),  
NoResponse  
Address: Fairgrounds Mkt Pl Skowhegan, ME  
04976  
Phone: (301) 997-7551  
Seen On: 01/27/2026

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

Written Date: 01/26/2026 07:00 PM

Name: GABAPENTIN (GABAPENTIN) Powder 100 %  
Quantity: 3 - Refills: N/A  
Route: - Dose Form: Powder  
Days Supply: 3  
Directions: fdsfs

Written Date: 01/26/2026 07:00 PM

Name: GABAPENTIN (GABAPENTIN) Powder 100 %  
Quantity: 3 - Refills: N/A  
Route: - Dose Form: Powder  
Days Supply: 3  
Directions: fdsfs

Written Date: 01/26/2026 07:00 PM

Name: IBUPROFEN (PROVIL) Tablet 200MG  
Quantity: 10 - Refills: N/A  
Route: - Dose Form: Tablet  
Days Supply: 1  
Directions: nm

### **Signature**

### **Addendums**