



Patient: JHJG THVGHC (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



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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: hjvhjjbnnbjhv

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



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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