New Tags

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

Value	Description
264204	Medical Record Number - patient id from the database
Aetna	Primary Insurance Company Name
	Secondary Insurance Company Name
W123456789	Primary Insurance Member ID
Bite (Human, Animal, Insect), Bite (Human, Animal), Bite (Insec	Chief Complaint (Can be multiple)
06:00 AM	Appointment Time
25	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.
Jack	Patient First Name
Test	Patient Last Name
Po Box 721	Patient Street Address Line 1
	Patient Street Address Line 2
Boardman	Patient City
OR	Patient State
97818	Patient ZIP Code
(800) 884-4557	Patient Phone Number. Formatted.

***-**-5433	Social Security Number
DoseSpotClinic	Clinic Name
N Washington Ave	Clinic Street Address Line 1
	Clinic Street Address Line 2
Dune	Clinic City
NJ	Clinic State
57106	Clinic ZIP Code
(302) 673-8492	Clinic Phone Number. Formatted
(332) 241-0212	Clinic Fax Number
Admin	Provider First Name
Dev	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.

Legacy Tags

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

Jack Test   Patient Full Name

(800) 884-4557   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.

Po Box 721

Boardman, OR 97818   Patient City, State, ZIP formatted to "Patient City, State ZIP"

12/10/2025   Date of issue formatted to MM/dd/yyyy

Admin Dev   Provider Full Name

                                                       Visit diagnosis codes

Jack Test Po Box 721 Boardman, OR 97818 (800) 884-4557 01/01/2000   Patient Demographics

                                                       Patient Information:
                                                        patient full name + patient set + patiend
Jack Test Male 01/01/2000   date of birth.

01/01/2000   Patient Date of Birth, formatted to MM/dd/yyyy

12/10/2025   Order Date

01:18 AM   Order Time

(302) 673-8492   Clinic Phone Number, formatted.

(332) 241-0212   Clinic Fax Number, formatted

Po Box 721 Boardman, OR 97818   Patient Full Address

Aetna

Insurance Name - primary patient insurance company name.

PO BOX 14079 LEXINGTON, KY 40512

Insurance Address - primary patient insurance full address.

Jack Test

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

Jack Test

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

Po Box 721 Boardman, OR 97818

Insured Address - patient full address. Populates only if patient has primary insurance.

Aetna PO BOX 14079 LEXINGTON, KY 4051

Insurance Information - primary insurance company name then primary insurance full address on the new line. Populates only if patient has primary insurance.

Diagnosis Code - comma separated list of Icd10Cm codes on visit diagnosis.

Diagnosis Name - comma separated list of diagnosis code names on visit

Clinic Full Address

N Washington Ave Dune, NJ 57106

Provider Full Name - visit provider full name.

Admin Dev

NPI Number - visit provider npi number

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