

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

329768

Medical Record Number - patient id from the database

Primary Insurance Company Name

Secondary Insurance Company Name

Primary Insurance Member ID

10 Panel Rapid Drug Test

Chief Complaint (Can be multiple)

05:47 AM

Appointment Time

30

Patient Age

Male

Patient Sex

Workers' Comp Accident Date

Workers' Comp Claim Number

Visit Insurance Name - visit insurance company name.

Visit Insurance ID Number - insurance number on the primary insurance tied to visit

Primary Care Provider Name. Primary care physician on the patient.

Ryan

Patient First Name

Test

Patient Last Name

Vna Rd

Patient Street Address Line 1

Patient Street Address Line 2

East Stroudsburg

Patient City

PA

Patient State

18301

Patient ZIP Code

(301) 999-5551

Patient Phone Number. Formatted.

Social Security Number

DoseSpotClinic

Clinic Name

123 N Main St

Clinic Street Address Line 1

str 2

Clinic Street Address Line 2

Brooklyn

Clinic City

MI

Clinic State

49230

Clinic ZIP Code

(956) 825-0925

Clinic Phone Number. Formatted

(332) 241-0212

Clinic Fax Number

Provider First Name

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.

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

Ryan Test	Patient Full Name
(301) 999-5551	Patient Phone Number
01/01/1996	Patient Date of Birth formatted to MM/dd/yyyy
	Patient Email
	Patient Street Address. Each address line on the new line.
Vna Rd	
East Stroudsburg, PA 18301	Patient City, State, ZIP formatted to "Patient City, State ZIP"
01/12/2026	Date of issue formatted to MM/dd/yyyy
	Provider Full Name
R20.2,L01.00,B09	Visit diagnosis codes
Ryan Test Vna Rd East Stroudsburg, PA 18301 (301) 999-5551 01/01/1996	Patient Demographics
Ryan Test Male 01/01/1996	Patient Information: patient full name + patient set + patiend date of birth.
01/01/1996	Patient Date of Birth, formatted to MM/dd/yyyy
01/12/2026	Order Date
01:08 AM	Order Time
(956) 825-0925	Clinic Phone Number, formatted.
(332) 241-0212	Clinic Fax Number, formatted
Vna Rd East Stroudsburg, PA 18301	Patient Full Address

Insurance Name - primary patient insurance company name.

Insurance Address - primary patient insurance full address.

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

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

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

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

R20.2,L01.00,B09

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

Paresthesia of skin,Impetigo, unspecified,Unspecified vir

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

Clinic Full Address

123 N Main St str 2 Brooklyn, MI 49230

Provider Full Name - visit provider full name.

NPI Number - visit provider npi number

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