

PrimaryInsuranceName TESTING

SecondaryInsuranceName _____

PrimaryMemberId _____

ChiefComplaint 10 Panel Rapid Drug Test

AppointmentTime 10:37 AM

Age 21

Sex Male

AccidentDate _____

WorkCompClaimNumber _____

LabResults _____

VisitInsuranceName N/A

VisitInsuranceIdNumber N/A

PrimaryCareProviderName _____

PatientFirstName test

PatientLastName nataliya

PatientStreet1 S Lost Ln

PatientStreet2 _____

PatientCity Beavercreek

PatientState OR

PatientZip 97004

PatientPhone (302) 240-4932

Ssn _____

ClinicName DoseSpotClinic

ClinicStreet1 123 N Main St

ClinicStreet2 str 2

ClinicCity Brooklyn

ClinicState MI

ClinicZip 49230

ClinicPhone (956) 825-0925

ClinicFax (332) 241-0212

ProviderFirstName _____

ProviderLastName _____
SecondaryMemberId _____
AccidentState _____
EmployerName _____
Mrn 330881

PatientName test nataliya

PatientPhoneNumber (302) 240-4932

PatientDobAfDate _____

PatientEmail natzakharova98@gmail.com

PatientStreet S Lost Ln

PatientCityStateZip Beavercreek, OR 97004

Date 02/03/2026

Provider _____

Dx _____

PatientDemographics test nataliya S Lost Ln Beavercreek, OR 97004 (302) 240-4932 01/01/2005

PatientInfo test nataliya Male 01/01/2005

PatientDob _____

OrderDate 02/03/2026

OrderTime 10:24 AM

ClinicPhoneNumber (956) 825-0925

ClinicFaxNumber (332) 241-0212

PatientAddress S Lost Ln Beavercreek, OR 97004

InsuranceName _____

InsuranceAddress _____

SubscribersName _____

InsuredName _____

InsuredAddress _____

InsuranceInfo _____

DxCode _____

DxName _____

ClinicAddress 123 N Main St str 2 Brooklyn, MI 49230

ProviderName _____

Npi _____

PcpName _____



Patient: test nataliya (01/01/2005 - 21y), Male
 Address: S Lost Ln Beaver creek, OR 97004
 Phone: (302) 240-4932
 Seen On: 02/03/2026

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

Last Mammogram - 02/01/2026
 Last Dental Exam - 02/01/2026
 Last Colonoscopy - 02/01/2026
 Last Anxiety Screening - 02/01/2026

Social History

No social history entered

Family History

No family history entered



Patient: test nataliya (01/01/2005 - 21y), Male
Address: S Lost Ln Beaver creek, OR 97004
Phone: (302) 240-4932
Seen On: 02/03/2026

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

Review of Systems

No review of systems data entered

Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found
No lab reports found

Assessment/Plan

No assessment plan entered

External Orders:

Order Name: Abdominal CT scan

Order File: pdf_all_new_tags.pdf

Result:

Order Name: Abdominal CT scan

Order File: BINAX TRAVEL LETTER.pdf

Result:

Order Name: Abdominal MRI

Order File: Patient Referral EW 1050 (5).pdf

Result:

Order Name: Barium swallow

Order File: ProScan.pdf

Result:

Order Name: Mesenteric angiography

Order File: Fields Testing1.pdf

Result: dfg

Order Name: Abdominal X-Ray

Order File: SimonMed-NEW.pdf

Result:



Patient: test nataliya (01/01/2005 - 21y), Male
Address: S Lost Ln Beavercreek, OR 97004
Phone: (302) 240-4932
Seen On: 02/03/2026

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

Prescription

Signature

Addendums