primaryInsuranceName_____
secondaryInsuranceName_____
primaryMemberId_____
chiefComplaint_Abdominal pain
appointmentTime_05:39 AM
age_25
sex_Male
accidentDate_____
workCompClaimNumber_____
labResults_____
visitInsuranceName_N/A
visitInsuranceIdNumber_N/A
primaryCareProviderName_____
patientFirstName_Calvin
patientLastName_Calvin
patientStreet1_Po Box 1
patientStreet2_____
patientCity_____
patientState_____
patientZip_____
patientPhone_____
ssn_____
clinicName_____
clinicStreet1_____
clinicStreet2_____
clinicCity_____
clinicState_____
clinicZip_____
clinicPhone_____
clinicFax_____
patientDemographics_____
patientInfo_____
patientDob_____
orderDate_____

HEALTHCARE

Patient: Calvin Calvin (01/01/2000 - 25y), Male
Address: Po Box 1 Boardman, OR 97818
Phone: (800) 989-8433
Seen On: 12/15/2025

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

Chief Complaint

Abdominal pain
Source: Parent/Guardian

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

System: Gastrointestinal

Patient: Calvin Calvin (01/01/2000 - 25y), Male
Address: Po Box 1 Boardman, OR 97818
Phone: (800) 989-8433
Seen On: 12/15/2025

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

Patient Reports: Abdominal pain

All non-documented systems have been reviewed and are considered negative

Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found

Assessment/Plan

No assessment plan entered

External Orders:
Order Name: Abdominal ultrasound
Order File: BINAX TRAVEL LETTER.pdf
Result: hkjh

Order Name: Abdominal CT scan
Order File: all_legacy+new_tags.pdf
Result: hhv

Order Name: Abdominal MRI
Order File: BINAX TRAVEL LETTER.pdf
Result: nnnvnvnvn

Order Name: Bone scan
Order File: ProScan.pdf
Result: jbjbdjc

Prescription

Signature

Addendums

HEALTHCARE

Patient: Calvin Calvin (01/01/2000 - 25y), Male
Address: Po Box 1 Boardman, OR 97818
Phone: (800) 989-8433
Seen On: 12/15/2025

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

TREASURE COAST Urgent Care

RAPID ANTIGEN COVID-19 TEST RESULTS

SARS-COV2 Binax Antigen Rapid Test Administered On: 12/15/2025

Patient Name: Calvin Calvin
DOB: 01/01/2000

Testing Time:
RESULTS: **NEGATIVE**

CLIA # D-1052947

Provider:
Providers Signature

Order Form

12/15/2025

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

Calvin Calvin Male 01/01/2000
(800) 989-8433

Po Box 1
Boardman, OR 97818

Primary Insurance
Insurance Address

Subscriber Name
Insured Name
Address

Imaging Instructions:

ICD10 Code

MR MUSCULOSKELETAL

- ☐ Shoulder
- ☐ Elbow ☐L ☐R
- ☐ Wrist ☐L ☐R
- ☐ Hand ☐L ☐R
- ☐ Hip ☐L ☐R
- ☐ Knee ☐L ☐R
- ☐ Lower Leg ☐L ☐R
- ☐ Ankle ☐L ☐R
- ☐ Foot ☐L ☐R
- ☐ MR Arthrography Specify joint:

MR BODY

- ☐ Abdomen ☐ Pelvis
- ☐ MRCP ☐ Liver
- ☐ Kidney

MR NEURO

- ☐ Brain
- ☐ IAC's/Orbits
- ☐ Pituitary
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus ☐L ☐R
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
  - ☐ w/3D Myelogram
- ☐ Sacrum/Coccyx
- ☐ WEIGHT BEARING MRI

MR SPECIAL

- ☐ Breast
- ☐ Cardiac
- ☐ Enterography (MRE)
- ☐ Prostate
- ☐ TMJ
- ☐ Urogram
  (Abd/Pel w/wo with 3D recon)

MRA

- ☐ Brain ☐ Carotid
- ☐ Abdomen ☐ Kidney
- ☐ Runoff (Abd, Pel, Bilat legs)
- ☐ MRV Specify area of interest:

☐ MR OTHER Specify area of interest:

CT NEURO

- ☐ Brain ☐ Sinus
- ☐ Facial Bones
- ☐ IAC's/Temporal Bone
- ☐ Orbits ☐ Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine

CT MUSCULOSKELETAL ☐

Extremity (Specify area of interest)
☐ w/3D Recon.

☐ CT Arthography (Specifc Joint)

CT BODY

- ☐ Chest ☐ Abdomen ☐ Pelvis
- ☐ Urogram (Abd/Pel w/wo with 3D recon)
- ☐ Cardiac Calcium Score
- ☐ Low Dose Lung Screen

VASCULAR CT ANGIOGRAPHY

(All with IV contrast–no oral contrast)

- ☐ CTA Brain ☐ CTA Carotids
- ☐ CTA Chest (Pulmonary Embolus Protocol)
- ☐ CTA Aorta (Chest, Abd, Pel)
- ☐ CTA Coronary Arteries
- ☐ CTA Venous Structure
- ☐ CT OTHER (Specify area of interest)

X-RAY/FLUOROSCOPY

- ☐ Chest ☐ Abdomen
- ☐ Pelvis ☐ Cervical Spine
- ☐ Thoracic Spine ☐ Flex
- ☐ Lumbar Spine ☐ Ext.
- ☐ Scoliosis/AP & LAT (T+L Spine)
- ☐ Pelvis Hip ☐RT &/or ☐LT
- ☐ Upper Extremity Indicate Site:
  _____ ☐RT ☐LT
- ☐ Lower Extremity Indicate Site:
  _____ ☐RT ☐LT
- ☐ Upper GI-W/Air per Rad*
- ☐ Ba Enema-W/Air per Rad*
- ☐ Esophagram*
- ☐ Small Bowl Study*
- ☐ Other

NUCLEAR MEDICINE Provide comparison films

- ☐ DaTscan
- ☐ Bone Scan Whole Body
- ☐ Bone Scan 3 Phase of:

☐ Bone Scan Limited of:

- ☐ Hepatobiliary Scan (HIDA)
  ☐ With EF ☐ W/O EF
- ☐ Thyroid Scan & Uptake*
- ☐ Liver/Spleen Scan
- ☐ Parathyroid Scan with SPECT
- ☐ Muga Resting
- ☐ Gastric Emptying Scan* Single Phase Only
- ☐ Renogram* ☐ Lasix ☐ No Lasix
- ☐ Renogram* With Captopril
- ☐ Lung Scan ☐ Vent/LPerf ☐ Quantilation
- ☐ Other _____

WOMEN'S IMAGING

- ☐ 3D Mammogram - Screening
- ☐ 3D Mammogram - Diagnostic
  w/ CAD and Breast US if questionable mammo ☐L ☐R ☐B
- ☐ Breast US - Screening ☐L ☐R ☐B
- ☐ Breast US - Diagnostic ☐L ☐R ☐B
- ☐ DEXAscan ☐L ☐R ☐B
- ☐ Stereotactic Biopsy ☐L ☐R ☐B
- ☐ Needle Localization ☐L ☐R ☐B
- ☐ US biopsy ☐L ☐R ☐B
- ☐ Cyst Aspiration ☐L ☐R ☐B
- ☐ MR Biopsy ☐L ☐R ☐B

PET

- ☐ PET/Skull Base to Thigh*
- ☐ PET / Whole Body*
- ☐ PET/Brain Amyvid Alzheimers
- ☐ PET/Brain* ☐ PET/Bone Scan

ULTRASOUND

- ☐ Abdomen
- ☐ Pelvis w/ Transvaginal
- ☐ Aorta
- ☐ Retroperitoneum
- ☐ Scrotum
- ☐ Thyroid

VASCULAR ULTRASOUND

- ☐ Arterial ☐ Venous
  - ☐ Upper Ext.
  - ☐ Lower Ext.
    ☐L ☐R ☐BILAT
- ☐ ABI
- ☐ Insufficiency
- ☐ Carotid
- ☐ Renal Doppler

☐ US OTHER (Specify area of interest)

_____

Electronically signed by