



Patient: Jack Test (01/01/2000 - 25y), Male
 Address: Po Box 721 Boardman, OR 97818
 Phone: (800) 884-4557
 Seen On: 12/09/2025

Seen At: DoseSpotClinic
 Address: N Washington Ave Dune,
 NJ 57106
 Phone: (302) 673-8492
 Fax: (332) 241-0212
 Provider: Dev, Admin

Chief Complaint

Bite (Human, Animal, Insect), Bite (Insect), Bite (Human, Animal)
 Source: Self

Vitals

Vitals:
 Weight: 75 kg (165.3 lbs)
 Height: 5' 11"
 BMI: 23.10
 Air Source: Room Air

Set 1:
 Vitals Taken At: 12/09/2025 12:30 PM
 BP: 140/100 mmHg
 Pulse: 90 bpm
 Respiratory Rate: 99 per minute
 Temperature: 98.0 °F
 Temperature Method: Axillary
 Oxygen Saturation: 100%
 Left Eye Visual Acuity: 20/100
 Right Eye Visual Acuity: 20/100
 Vital Note: Nothing

History of Present Illness

The patient presents today with Bite (Human, Animal, Insect). Modifying Factors include: Cold makes symptoms better. Patient reports Nasal congestion, symptoms started on 12/10/2025 and are located in the Arm.

PAST MEDICAL HISTORY

Allergies

Skin Allograft (Human) - Nausea / Vomiting

Medication

Vita Hair - 12/10/2025

Lewis Drug 015
 2525 S Ellis Road



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 Provider: Dev, Admin

Sioux Falls, SD 57106
 Phone: (605) 367-2410
 Fax: (800) 601-8827

Immunization

Flu
 - 12/09/2025

Surgical History

Arm surgery - 12/09/2025

Medical Condition

Anxiety - Active

Preventative Med Notes

No preventativeMedNotes entered

Social History

No social history entered

Family History

No family history entered

Review of Systems

System: ENT/Mouth

Patient Reports: Nasal congestion

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



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Phone: (302) 673-8492
Fax: (332) 241-0212
Provider: Dev, Admin

Prescription

Written Date: 12/09/2025 06:00 PM

Name: AMOXICILLIN (AMOXICILLIN) Capsule 250MG

Quantity: 3000 - Refills: N/A

Route: - Dose Form: Capsule

Days Supply: 29990

Directions:

Signature

Addendums

DoseSpotClinic

Patient Information

Patient Name: Jack Test
Date of Birth: 01/01/2000
MRN: 264204
Sex: Male
SSN: ***-**-5433
Employer:
Address: Po Box 721
Boardman, OR 97818
Phone Number: +18008844557
Email:

Provider Information

Provider Name:
Email Address:

Insurance Information

Insurance Company: Aetna
Policy Number: W123456789
Policy Holder: Jack Test
Insurance Group Number: 0175056-011-00001
Relationship: self



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Arm surgery - 12/09/2025

Medical Condition

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Written Date: 12/09/2025 06:00 PM
Name: AMOXICILLIN (AMOXICILLIN) Capsule 250MG
Quantity: 3000 - Refills: N/A
Route: - Dose Form: Capsule
Days Supply: 29990
Directions:

Signature

Addendums





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