



Patient: Kai TEST (01/01/2001 - 25y),  
NoResponse  
Address: Uibel Ave Egg Harbor Township, NJ  
08234  
Phone: (301) 995-5119  
Seen On: 02/23/2026

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**

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**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

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**Review of Systems**

No review of systems data entered



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### Exam

No examination data entered

### Orders & Procedures

No procedures entered

Lab Requests:

Urine Culture, Routine

Lab reports:

Lab Result: Kai TEST Order to HGDX LabCorp 02/23/2026.pdf  
02/23/2026 08:04 AM

### Assessment/Plan

Diagnosis Name: Vitamin B12 deficiency anemia, unspecified

External Orders:

Order File: Kai TEST Order to HGDX LabCorp 02/23/2026.pdf  
Result: Urine Culture, Routine

### Prescription

Written Date: 02/23/2026 08:17 AM

Name: Vitamin A & D Oral Tablet 10000-400 UNIT

Quantity: 1 - Refills: 2

Route: - Dose Form:

Days Supply: 2

Directions: yuyu

### Signature

### Addendums

TTYTY - Testing Breeze UAT 02/23/2026 08:18 AM



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