



Patient: Nico TEST (01/24/2000 - 26y),
NoResponse
Address: Cove Crest Dr Neskowin, OR 97149
Phone: (309) 551-1999
Seen On: 02/11/2026

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

Chief Complaint

Animal bite
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

No preventativeMedNotes entered

Social History

No social history entered

Family History

No family history entered

Review of Systems

No review of systems data entered



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Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found
No lab reports found

Assessment/Plan

Diagnosis Name: Other skin changes
E/M Description: New Patient, Moderate, 45-59 minutes

Prescription

Signature

Electronically signed by Breeze UAT, Testing on 02/11/2026, 02:24 AM

Addendums