

These tags can be used as values for pdf documents forms. The system will replace these tags with the values described below.

266299	Medical Record Number - patient id from the database
	Primary Insurance Company Name
	Secondary Insurance Company Name
	Primary Insurance Member ID
Injection	Chief Complaint (Can be multiple)
06:35 AM	Appointment Time
26	Patient Age
Female	Patient Sex
	Workers' Comp Accident Date
	Workers' Comp Claim Number
N/A	Visit Insurance Name - visit insurance company name.
N/A	Visit Insurance ID Number - insurance number on the primary insurance tied to visit
	Primary Care Provider Name. Primary care physician on the patient.
Paul	Patient First Name
Test	Patient Last Name
Mba Ct	Patient Street Address Line 1
	Patient Street Address Line 2
Concord	Patient City
NC	Patient State
28027	Patient ZIP Code
(800) 965-4341	Patient Phone Number. Formatted.

Social Security Number

DoseSpotClinic

Clinic Name

N Washington Ave

Clinic Street Address Line 1

Clinic Street Address Line 2

Dune

Clinic City

NJ

Clinic State

57106

Clinic ZIP Code

(302) 673-8492

Clinic Phone Number. Formatted

(332) 241-0212

Clinic Fax Number

Provider First Name

Provider Last Name

Secondary Insurance Member ID

Workers' Comp State

Workers' Comp Employer Name. If not then Occ Med Employer Name

Lab Results. Test name and result. Each name-result pair on the new line.



Patient: Kai Test (01/01/2000 - 26y),  
 NoResponse  
 Address: Irish Bend Loop Halsey, OR 97348  
 Phone: (301) 777-5551  
 Seen On: 01/23/2026

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

### 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

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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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NJ 57106  
Phone: (302) 673-8492  
Fax: (332) 241-0212  
Provider:

## **Exam**

No examination data entered

## **Orders & Procedures**

No procedures entered  
No lab requests found  
No lab reports found

## **Assessment/Plan**

No assessment plan entered

## **Prescription**

## **Signature**

## **Addendums**

