

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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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**

			
CORPUS CHRISTI ISD		NAP	
WINDAS NETWORK 01/01/2023		Aetna Select Open Access	
GRP: 0175056-011-00001			
ID W1234 56789			
01 MARIJANE Q SAMPLE-TESTCARD			
POP: NO ELECTION REQUIRED			
02 JESSIE Q SAMPLE-TESTCARD		POP: \$25	
POP: NO ELECTION REQUIRED		SPC: \$25	
03 CAITLIN Q SAMPLE-TESTCARD			
POP: NO ELECTION REQUIRED			
04 EMILY Q SAMPLE-TESTCARD			
POP: NO ELECTION REQUIRED			
05 KARA Q SAMPLE-TESTCARD			
POP: NO ELECTION REQUIRED			
RX BIN# 610502			
www.aetna.com		PAYER NUMBER 60554 0435	