

PrimaryInsuranceName\_\_\_\_\_

SecondaryInsuranceName \_\_\_\_\_

PrimaryMemberId \_\_\_\_\_

ChiefComplaint\_\_\_\_\_

AppointmentTime\_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

AccidentDate \_\_\_\_\_

WorkCompClaimNumber \_\_\_\_\_

LabResults \_\_\_\_\_

VisitInsuranceName \_\_\_\_\_

VisitInsuranceIdNumber \_\_\_\_\_

PrimaryCareProviderName\_\_\_\_\_

PatientFirstName \_\_\_\_\_

PatientLastName \_\_\_\_\_

PatientStreet1 \_\_\_\_\_

PatientStreet2 \_\_\_\_\_

PatientCity \_\_\_\_\_

PatientState \_\_\_\_\_

PatientZip \_\_\_\_\_

PatientPhone\_\_\_\_\_

Ssn \_\_\_\_\_

ClinicName \_\_\_\_\_

ClinicStreet1 \_\_\_\_\_

ClinicStreet2 \_\_\_\_\_

ClinicCity \_\_\_\_\_

ClinicState \_\_\_\_\_

ClinicZip \_\_\_\_\_

ClinicPhone \_\_\_\_\_

ClinicFax \_\_\_\_\_

ProviderFirstName \_\_\_\_\_

ProviderLastName \_\_\_\_\_  
SecondaryMemberId \_\_\_\_\_  
AccidentState \_\_\_\_\_  
EmployerName \_\_\_\_\_  
Mrn \_\_\_\_\_

PatientName \_\_\_\_\_  
  
PatientPhoneNumber \_\_\_\_\_  
  
PatientDobAfDate \_\_\_\_\_  
PatientEmail \_\_\_\_\_  
PatientStreet \_\_\_\_\_  
PatientCityStateZip \_\_\_\_\_  
Date \_\_\_\_\_  
Provider \_\_\_\_\_  
Dx \_\_\_\_\_  
PatientDemographics \_\_\_\_\_

PatientInfo \_\_\_\_\_  
PatientDob \_\_\_\_\_  
OrderDate \_\_\_\_\_  
OrderTime \_\_\_\_\_  
ClinicPhoneNumber \_\_\_\_\_  
ClinicFaxNumber \_\_\_\_\_  
PatientAddress \_\_\_\_\_  
InsuranceName \_\_\_\_\_  
InsuranceAddress \_\_\_\_\_  
SubscribersName \_\_\_\_\_  
InsuredName \_\_\_\_\_  
InsuredAddress \_\_\_\_\_  
InsuranceInfo \_\_\_\_\_  
DxCode \_\_\_\_\_  
DxName \_\_\_\_\_  
ClinicAddress \_\_\_\_\_  
ProviderName \_\_\_\_\_  
Npi \_\_\_\_\_  
PcpName \_\_\_\_\_



Patient: Jack Test (01/10/2000 - 26y), Male  
Address: Bv French St Braintree, MA 02184  
Phone: (301) 999-5551  
Seen On: 01/29/2026

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

## Chief Complaint

Allergy symptoms  
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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Fax: (332) 241-0212  
Provider:

## Exam

No examination data entered

## Orders & Procedures

No procedures entered

Lab Requests:

Aldosterone LCMS, Serum

No lab reports found

## Assessment/Plan

No assessment plan entered

External Orders:

Order File: Test Jack Order to HGDx LabCorp 01/29/2026.pdf

Result: Aldosterone LCMS, Serum

## Prescription

## Signature

## Addendums