

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**