

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

330881

Medical Record Number - patient id from the database

Primary Insurance Company Name

Secondary Insurance Company Name

Primary Insurance Member ID

Chief Complaint (Can be multiple)

Appointment Time

Patient Age

Patient Sex

Workers' Comp Accident Date

Workers' Comp Claim Number

Worker's Comp Insurance Name from Intake

Visit Insurance Name - visit insurance company name.

Visit Insurance ID Number - insurance number on the primary insurance tied to visit

Primary Care Provider Name. Primary care physician on the patient.

test

Patient First Name

nataliya

Patient Last Name

S Lost Ln

Patient Street Address Line 1

Patient Street Address Line 2

Beavercreek

Patient City

OR

Patient State

97004

Patient ZIP Code

(302) 240-4932

Patient Phone Number. Formatted.

Social Security Number

DoseSpotClinic

Clinic Name

123 N Main St

Clinic Street Address Line 1

str 2

Clinic Street Address Line 2

Brooklyn

Clinic City

MI

Clinic State

49230

Clinic ZIP Code

(956) 825-0925

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.

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

test nataliya	Patient Full Name
(302) 240-4932	Patient Phone Number
01/01/2005	Patient Date of Birth formatted to MM/dd/yyyy
natzakharova98@gmail.com	Patient Email
S Lost Ln	Patient Street Address. Each address line on the new line.
Beavercreek, OR 97004	Patient City, State, ZIP formatted to "Patient City, State ZIP"
02/03/2026	Date of issue formatted to MM/dd/yyyy
	Provider Full Name
	Visit diagnosis codes
test nataliya S Lost Ln Beavercreek, OR 97004 (302) 240-4932 01/01/2005	Patient Demographics
test nataliya Male 01/01/2005	Patient Information: patient full name + patient set + patient date of birth.
01/01/2005	Patient Date of Birth, formatted to MM/dd/yyyy
02/03/2026	Order Date
10:27 AM	Order Time
(956) 825-0925	Clinic Phone Number, formatted.
(332) 241-0212	Clinic Fax Number, formatted
S Lost Ln Beavercreek, OR 97004	Patient Full Address

Insurance Name - primary patient insurance company name.

Insurance Address - primary patient insurance full address.

Subscriber's Name - first and last name on patient primary insurance.

Insured Name - patient full name. Populates only if patient has primary insurance.

Insured Address - patient full address. Populates only if patient has primary insurance.

Insurance Information - primary insurance company name then primary insurance full address on the new line. Populates only if patient has primary insurance.

Diagnosis Code - comma separated list of Icd10Cm codes on visit diagnosis.

Diagnosis Name - comma separated list of diagnosis code names on visit

Clinic Full Address

123 N Main St str 2 Brooklyn, MI 49230

Provider Full Name - visit provider full name.

NPI Number - visit provider npi number

Primary Care Provider Name - fulle name of primary care physician on the patient.



Patient: test nataliya (01/01/2005 - 21y), Male
 Address: S Lost Ln Beavercreek, OR 97004
 Phone: (302) 240-4932
 Seen On: 02/03/2026

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

Chief Complaint

10 Panel Rapid Drug Test
 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

Last Mammogram - 02/01/2026
 Last Dental Exam - 02/01/2026
 Last Colonoscopy - 02/01/2026
 Last Anxiety Screening - 02/01/2026

Social History

No social history entered

Family History

No family history entered



Patient: test nataliya (01/01/2005 - 21y), Male
Address: S Lost Ln Beavercreek, OR 97004
Phone: (302) 240-4932
Seen On: 02/03/2026

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

Review of Systems

No review of systems data entered

Exam

No examination data entered

Orders & Procedures

No procedures entered

No lab requests found

No lab reports found

Assessment/Plan

No assessment plan entered

External Orders:

Order Name: Abdominal CT scan

Order File: pdf_all_new_tags.pdf

Result:

Order Name: Abdominal CT scan

Order File: BINAX TRAVEL LETTER.pdf

Result:

Order Name: Abdominal MRI

Order File: Patient Referral EW 1050 (5).pdf

Result:

Order Name: Barium swallow

Order File: ProScan.pdf

Result:

Order Name: Mesenteric angiography

Order File: Fields Testing1.pdf

Result: dfg

Order Name: Abdominal X-Ray

Order File: SimonMed-NEW.pdf

Result:



Patient: test nataliya (01/01/2005 - 21y), Male
Address: S Lost Ln Beavercreek, OR 97004
Phone: (302) 240-4932
Seen On: 02/03/2026

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

Prescription

Signature

Addendums