



Patient: John ( Jacob) Test (01/01/1997 - 28y),  
 Female  
 Address: 1 W Marine Dr Boardman, OR 97818  
 Phone: (302) 918-9193  
 Seen On: 12/19/2025  
 Seen At: DoseSpotClinic  
 Address: 123 N Main St str 2  
 Brooklyn, MI 49230  
 Phone: (956) 825-0925  
 Fax: (332) 241-0212  
 Provider: Role, Admin

### Chief Complaint

Constipation, Difficulty breathing, Dehydration

Source: Parent/Guardian

### Vitals

Vitals:

Weight: 95 kg (209.4 lbs)

Height: 6' 6"

BMI: 24.20

Menstruation Details: Breastfeeding

Air Source: Room Air

Set 1:

Vitals Taken At: 12/19/2025 12:26 AM

BP: 190/81 mmHg

Pulse: 60 bpm

Respiratory Rate: 15 per minute

Temperature: 100.0 °F

Temperature Method: Tympanic

Oxygen Saturation: 90%

Left Eye Visual Acuity: 20/20

Right Eye Visual Acuity: 20/20

Vital Note: Notes for vitals

### History of Present Illness

No history of present illness data entered

### PAST MEDICAL HISTORY

#### Allergies

No allergies entered

Notes: Notes for Allergy

#### Medication

Skin Bleaching

1829 Downey  
 9521 Dalen Street, Room R



Patient: John ( Jacob) Test (01/01/1997 - 28y),  
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 Provider: Role, Admin

Downey, CA 90242  
 Phone: (415) 608-9207  
 Fax: (415) 608-9207

### Immunization

Covid  
 - 01/01/2023

### Surgical History

Back Surgery - 12/01/2025

### Medical Condition

Kidney stones - Active

### Preventative Med Notes

No preventativeMedNotes entered

### Social History

Alcohol - Occasional(3-6 drinks/week)

### Family History

Anxiety - Brother

### Review of Systems

System: Gastrointestinal

Patient Denies: Abdominal pain, Cramping, Diarrhea, Food intolerance, Gas/indigestion, Heartburn, Nausea, Rectal pain, Stool mucus, Vomiting, Vomiting blood, Rectal Bleeding/bloody stools, Perirectal itching, Loss of bowel control, Stool changes, Difficulty swallowing, Yellowing Skin

Notes: Notes for R & S

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All non-documented systems have been reviewed and are considered negative

### Exam

#### Respiratory (Normal)

Normal: No productive cough during exam. No dry cough during exam.

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#### Gastrointestinal (Abnormal)

Normal: No hernias palpated.

Abnormal: Liver exam abnormal.

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#### Musculoskeletal (Abnormal)

Normal: No antalgic gait on the right side observed.

Abnormal: Antalgic gait on the left side observed.

Note: yuiweriew

fgfgffffgf

rgjkbrbgrbjkgbkrbgkbrkgbjkrtgbjkrbgjkrbtgkjbkrbgk

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#### Orders & Procedures

Written Consent: Yes

Verbal Consent: Yes

Status: New

Procedure: 2V CHEST X-RAY

Category: Procedure

Result: Notes for Orders & Procedures 1

---

Status: In Progress

Procedure: 5 panel drug screen

Category: Labs

Result: Notes for Orders & Procedures 2

---

Status: Completed

Procedure: ADULT PHYSICAL

Category: Procedure

Result: Notes for Orders & Procedures 3

No lab requests found

#### Assessment/Plan

No assessment plan entered

Explanation:

Treatment:

#### Prescription



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Provider: Role, Admin

**Signature**

**Addendums**

<b>BlueCross BlueShield</b>		<b>Plan Name Here</b>
<hr/> <p>Subscriber Name: <b>JOHN DOE</b> <b>00</b> Subscriber ID: <b>YPP123456789</b></p> <hr/>		
Members: <b>JANE</b> <b>01</b> <b>SAM</b> <b>02</b>	Group No: 123456789 RxBir: 015905 Effective Date: 01/01/22	<hr/> <p>Member Responsibility: DED-INN/OON \$2,800/\$14,000 OOP Max-INN/OON \$8,700/No Max Primary-INN \$15 Specialist-INN \$150 URG Care/ER-INN \$150/50% after ded Drug Tier 1 \$5 after Rx ded Drug Tier 2-6 50% after Rx ded Rx Deductible \$2,800</p> <hr/>
 <b>R</b> <sub>4D</sub>		



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### Chief Complaint

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Source: Parent/Guardian

### Vitals

Vitals:

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Air Source: Room Air

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Temperature: 100.0 °F

Temperature Method: Tympanic

Oxygen Saturation: 90%

Left Eye Visual Acuity: 20/20

Right Eye Visual Acuity: 20/20

Vital Note: Notes for vitals

### History of Present Illness

No history of present illness data entered

### PAST MEDICAL HISTORY

#### Allergies

No allergies entered

Notes: Notes for Allergy

#### Medication

Skin Bleaching

1829 Downey  
 9521 Dalen Street, Room R



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### Immunization

Covid  
- 01/01/2023

### Surgical History

Back Surgery - 12/01/2025

### Medical Condition

Kidney stones - Active

### Preventative Med Notes

No preventativeMedNotes entered

### Social History

Alcohol - Occasional(3-6 drinks/week)

### Family History

Anxiety - Brother

### Review of Systems

System: Gastrointestinal

Patient Denies: Abdominal pain, Cramping, Diarrhea, Food intolerance, Gas/indigestion, Heartburn, Nausea, Rectal pain, Stool mucus, Vomiting, Vomiting blood, Rectal Bleeding/bloody stools, Perirectal itching, Loss of bowel control, Stool changes, Difficulty swallowing, Yellowing Skin

Notes: Notes for R & S

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All non-documented systems have been reviewed and are considered negative

### Exam

#### Respiratory (Normal)

Normal: No productive cough during exam. No dry cough during exam.

#### Gastrointestinal (Normal)

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#### Musculoskeletal (Abnormal)



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Note: yuiweriew

fgfgffffggf  
rgjkbrbgrbjkgbkrbgkbrkgjbjkrtgbjkrbgjkrbtgkjbjkrbgk

-----

## Orders & Procedures

Written Consent: Yes

Verbal Consent: Yes

Status: New

Procedure: 2V CHEST X-RAY

Category: Procedure

Result: Notes for Orders & Procedures 1

---

Status: In Progress

Procedure: 5 panel drug screen

Category: Labs

Result: Notes for Orders & Procedures 2

---

Status: Completed

Procedure: ADULT PHYSICAL

Category: Procedure

Result: Notes for Orders & Procedures 3

No lab requests found

## Assessment/Plan

No assessment plan entered

Explanation:

Treatment:

## Prescription

## Signature



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### Addendums



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### Chief Complaint

Difficulty breathing, Dehydration

Source: Self

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 - 01/01/2023

### Surgical History

Back Surgery - 12/01/2025

### Medical Condition

Kidney stones - Active

### Preventative Med Notes

No preventativeMedNotes entered

### Social History

Alcohol - Occasional(3-6 drinks/week)

### Family History

Anxiety - Brother

### Review of Systems

No review of systems data entered

### Exam

No examination data entered

### Orders & Procedures

Written Consent: Yes  
 Verbal Consent: Yes  
 Status: New  
 Procedure: 2V CHEST X-RAY  
 Category: Procedure  
 Result: Notes for Orders & Procedures 1  
 ---  
 Status: In Progress  
 Procedure: 5 panel drug screen  
 Category: Labs  
 Result: Notes for Orders & Procedures 2  
 ---



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Provider: Role, Admin

Status: Completed

Procedure: ADULT PHYSICAL

Category: Procedure

Result: Notes for Orders & Procedures 3

No lab requests found

### **Assessment/Plan**

No assessment plan entered

### **Prescription**

### **Signature**

### **Addendums**

<b>BlueCross BlueShield</b>		<b>Plan Name Here</b>
<hr/> <p>Subscriber Name: <b>JOHN DOE</b> <b>00</b> Subscriber ID: <b>YPP123456789</b></p> <hr/>		
Members: <b>JANE</b> <b>01</b> <b>SAM</b> <b>02</b>	<hr/> <p>Group No: <b>123456789</b> RxBir: <b>015905</b> Effective Date: <b>01/01/22</b></p> <hr/>	<p>Member Responsibility: DED-INN/OON \$2,800/\$14,000 OOP Max-INN/OON \$8,700/No Max Primary-INN \$15 Specialist-INN \$150 URG Care/ER-INN \$150/50% after ded Drug Tier 1 \$5 after Rx ded Drug Tier 2-6 50% after Rx ded Rx Deductible \$2,800</p> <hr/>
<p> <b>R</b><sub>4D</sub></p>		



DoseSpotClinic  
123 N Main St str 2 Brooklyn, MI 49230  
Phone: (956) 825-0925

## RECEIPT

---

**Patient Name:** Jacob Test

**Patient MRN:** 329035

**Date:** 12/19/2025 12:43 AM

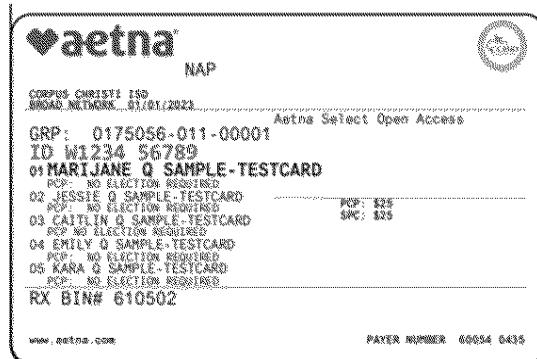
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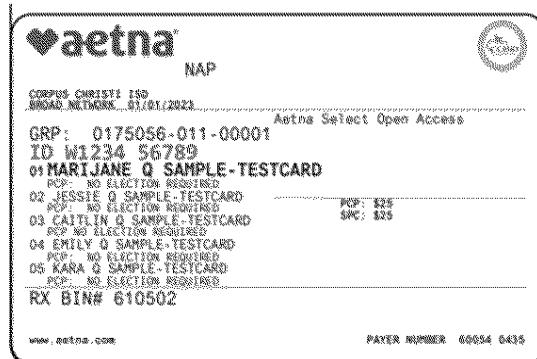
**Amount:** \$500.00

**Method:** CASH

**Reference:** d88d8f91-fcf9-48b8-9464-fda62d967495

**Notes:**





[www.aetna.com](http://www.aetna.com)

PAYER NUMBER: 00004 0435



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### Chief Complaint

Difficulty breathing, Dehydration

Source: Self

### Vitals

Vitals:

Weight: 95 kg (209.4 lbs)

Height: 6' 6"

BMI: 24.20

Menstruation Details: Breastfeeding

Air Source: Room Air

Set 1:

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BP: 140/80 mmHg

Pulse: 60 bpm

Respiratory Rate: 15 per minute

Temperature: 100.0 °F

Temperature Method: Tympanic

Oxygen Saturation: 90%

Left Eye Visual Acuity: 20/20

Right Eye Visual Acuity: 20/20

Vital Note: Notes for vitals

### History of Present Illness

No history of present illness data entered

### PAST MEDICAL HISTORY

#### Allergies

Skin Adhesive (external) - Rash

#### Medication

No medications entered

Notes: Notes for Allergy



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 Seen On: 12/19/2025 Fax: (332) 241-0212  
 Provider: Role, Admin

### Immunization

Covid  
- 01/01/2023

### Surgical History

Elbow Surgery - 01/01/2024  
Back Surgery - 12/01/2025

### Medical Condition

Kidney stones - Active  
Anxiety - Historical

### Preventative Med Notes

No preventativeMedNotes entered

### Social History

Alcohol - Occasional(3-6 drinks/week)

### Family History

Tobacco - Current Smoker, 1 years, 11 packs/week

Anxiety - Brother

Kidney stones - Sister

### Review of Systems

No review of systems data entered

### Exam

No examination data entered

### Orders & Procedures

Written Consent: Yes

Verbal Consent: Yes

Status: New

Procedure: 2V CHEST X-RAY

Category: Procedure

Result: Notes for Orders & Procedures

---

Status: In Progress

Procedure: 5 panel drug screen

Category: Labs

Result: Notes for Orders & Procedures 2

---

Status: Completed

Procedure: ADULT PHYSICAL



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Provider: Role, Admin

Category: Procedure

Result: Notes for Orders & Procedures 3

No lab requests found

### **Assessment/Plan**

No assessment plan entered

### **Prescription**

### **Signature**

### **Addendums**



Patient: Jacob Test (01/01/1997 - 28y), Seen At: DoseSpotClinic  
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 Provider:

### Chief Complaint

Difficulty breathing, Dehydration

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

Skin Adhesive (external) - Nausea / Vomiting

#### Medication

No medications entered

#### Immunization

Covid  
- 01/01/2023

#### Surgical History

Elbow Surgery - 01/01/2024  
Back Surgery - 12/01/2025

#### Medical Condition

Kidney stones - Active  
Anxiety - Historical

#### Preventative Med Notes

No preventativeMedNotes entered



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### Social History

Alcohol - Occasional(3-6 drinks/week)

Tobacco - Current Smoker, 1 years, 11 packs/week

### Family History

Anxiety - Brother

Kidney stones - Sister

---

### Review of Systems

No review of systems data entered

### Exam

No examination data entered

### Orders & Procedures

No procedures entered

No lab requests found

### Assessment/Plan

No assessment plan entered

### Prescription

### Signature

### Addendums