PrimaryInsuranceName_____

SecondaryInsuranceName _____

PrimaryMemberId _____

ChiefComplaint 10 Panel Rapid Drug Test, Animal bite

AppointmentTime 05:07 AM

Age 30

Sex Male

AccidentDate _____

WorkCompClaimNumber _____

LabResults _____

VisitInsuranceName N/A

VisitInsuranceIdNumber N/A

PrimaryCareProviderName_____

PatientFirstName Ryan

PatientLastName Test

PatientStreet1 Vna Rd

PatientStreet2 _____

PatientCity East Stroudsburg

PatientState PA

PatientZip 18301

PatientPhone (301) 999-5551

Ssn _____

ClinicName DoseSpotClinic

ClinicStreet1 123 N Main St

ClinicStreet2 str 2

ClinicCity Brooklyn

ClinicState MI

ClinicZip 49230

ClinicPhone (956) 825-0925

ClinicFax (332) 241-0212

ProviderFirstName _____

ProviderLastName _____
SecondaryMemberId _____
AccidentState _____
EmployerName A Company
Mrn 329768

PatientName Ryan Test

PatientPhoneNumber (301) 999-5551

PatientDobAfDate _____
PatientEmail _____
PatientStreet Vna Rd
PatientCityStateZip East Stroudsburg, PA 18301
Date 01/12/2026
Provider _____
Dx _____
PatientDemographics Ryan Test Vna Rd East Stroudsburg, PA 18301 (301) 999-5551 01/01/199

PatientInfo Ryan Test Male 01/01/1996

PatientDob _____
OrderDate 01/12/2026
OrderTime 01:10 AM
ClinicPhoneNumber (956) 825-0925
ClinicFaxNumber (332) 241-0212
PatientAddress Vna Rd East Stroudsburg, PA 18301
InsuranceName _____
InsuranceAddress _____
SubscribersName _____
InsuredName _____
InsuredAddress _____
InsuranceInfo _____
DxCode _____
DxName _____
ClinicAddress 123 N Main St str 2 Brooklyn, MI 49230
ProviderName _____
Npi _____
PcpName _____