Patient: Patient, Test (06/20/1969 - 55y), Female

Seen On: 08/27/2024 02:03 PM

Provider:

Seen At: Testing Location

Address: 234 Po Box Wahpeton, ND 58074

Phone: (605) 333-5588

The data contained in this document is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.

Chief Complaint:	Lab Test Source: Self
	334,33. 331
Vitals:	No vitals entered
History of Present Illness:	No history of present illness data entered
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
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
Prescriptions:	

8/27/2024, 12:03 PM MDT TO: +19292070142 FROM: 13322410212 PAGE 2/2

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Signature: