

Fictional Medical Record

Patient Information:

Name: Carlos E. Rodriguez

DOB: June 22, 1967

Gender: Male

Ethnicity: Hispanic

Address: 12345 Main Street, Suite 100, Dallas, TX 75201

Phone: (214) 555-1234

Email: carlos.rodriguez@example.com

SSN: 312-56-7723

Insurance Information:

Provider: Humana

Policy Number: HMO-1234567890123456

Member ID: 9876543210

Group Number: 730193

Page ID: 8765

Medical Details:

Primary Diagnosis: Chronic Obstructive Pulmonary Disease (COPD)

ICD-10 Code: J42.9

Date of Diagnosis: February 10, 2025

Referring Physician: Dr. Michael J. Smith

Facility: Jackson Memorial Hospital