

PATIENT

Name: Carl Smith
Date of Birth: 9/15/76
SSN: 999-99-9999
Address: 935 Pennsylvania Avenue NW, Washington, D.C.

CONDITION

Diagnosis Date: 9/28/18
Date Completed: 10/1/19
Symptoms: Stomach Pain, Nausea, Headaches

APPOINTMENT

Scheduled Date: 3/15/19
Scheduled Time: 3:30
Location: 7a1fa457-a55f-4b23-af25-2382f2644a82
Topic System Diagnosis

BILL

UUID: 44eb4ea1-7793-4e3b-8852-9f2cb2203644
Date Posted: 8/22/19
Amount: 1002329.22E4
Payment Date: Null
Co-Pay: 1903.72

PAYMENT METHOD

Name: Visa
UUID: 52f678c4-72c0-43e3-9fea-d829fdd5223d
Type: Credit Card
Active: True

Bank Name: Bank
UUID: 81b2207c-e0fc-40a6-910a-b2ed2cb72c67
Type: Bank
Active: False

FEE

Description: Blood Test
Amount: 87.0
Facility: 7a1fa457-a55f-4b23-af25-2382f2644a82

CONTACT INFORMATION

Email: csmith@e.com
Cell: +1-202-555-0167
Home: +1-303-555-0100

EMERGENCY CONTACT INFORMATION

Name: Karen Smith
Relationship: Mother
Email: ksmith@example.com
Cell: +1-385-555-0184
Home: +1-907-555-0184

Name: Bill Warren
Relationship: Friend
Email: bill.warren@tutanota.com
Cell: +1-404-555-0108
Home: +1-317-555-0191

MEDICATION

Name: Ondansetron
Brand: Zofran
ID: 81ed6c68-8482-472a-a8ac-61c6b2051abb
Dosage (mg): 30 12 * * 1
Refill Date: 11/05/19
Refill Date Tolerance Days: 1
Independent Refill Count: 1

Name: Promethazine
Brand: Promethegan
ID: 7a6e8e3a-e4bd-463b-8bdc-e5e32c4adc69
Dosage (mg): 0 15 * * * *
Refill Date: 11/05/19
Refill Date Tolerance Days: 7
Independent Refill Count: 5