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displayName="Summarization of Episode Note"/>
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  <recordTarget>
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        <county>MARION</county>
        <city>FAIRMONT</city>
        <state>WV</state>
        <postalCode>26554</postalCode>
        <country>USA</country>
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<telecom value="mailto:test@gmail.com"/>
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  <name use="L">
    <given>Meadow</given>
    <family>Pediatric</family>
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      <high nullFlavor="NA"/>
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  </name>
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codeSystem="2.16.840.1.113883.5.1" codeSystemName="AdministrativeGenderCode"
displayName="Female"/>
  <birthTime value="20101012"/>
  <maritalStatusCode code="S" codeSystem="2.16.840.1.113883.5.2"
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    <preferenceInd value="true"/>
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    <state>WV</state>
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</recordTarget>
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    <telecom nullFlavor="NA"/>
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      <softwareName>Epic - Version 10.5</softwareName>
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    <state>WV</state>
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    <country>USA</country>
  </addr>
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</assignedAuthor>
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        <state>WV</state>
        <postalCode>26508</postalCode>
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  </assignedCustodian>
</custodian>
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    <telecom nullFlavor="UNK"/>
    <assignedPerson>
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        <given>Manager</given>
        <family>of Utilization</family>
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    </code>
    <addr nullFlavor="UNK"/>
    <telecom use="MC" value="tel:+1-304-159-8915"/>
    <associatedPerson>
      <name>Mother Pediatric</name>
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  </associatedEntity>
</participant>
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  <serviceEvent classCode="PCPR">
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      <high value="20231012235900-0400"/>
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codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Internal
Medicine"/>
            <translation code="1011"
codeSystem="1.2.840.114350.1.13.182.3.7.10.836982.1050"
codeSystemName="Epic.SER.ProviderSpecialty" displayName="INTERNAL MEDICINE"/>
          </code>
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            <streetAddressLine>1 MEDICAL CENTER DR</streetAddressLine>
            <streetAddressLine>PO BOX 782</streetAddressLine>
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    </serviceEvent>
  </documentationOf>

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        <city>MORGANTOWN</city>
        <state>WV</state>
        <postalCode>26507</postalCode>
        <country>USA</country>
    </addr>
    <telecom use="WP" value="tel:+1-304-598-4850"/>
    <telecom value="fax:+1-304-598-4871"/>
    <assignedPerson>
        <name use="L">
            <given>Kevin</given>
            <family>Halbritter</family>
            <suffix qualifier="AC"> MD</suffix>
            <validTime>
                <low nullFlavor="UNK"/>
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        <telecom nullFlavor="UNK"/>
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            <state>WV</state>
            <postalCode>26508</postalCode>
            <country>USA</country>
        </addr>
    </representedOrganization>
</assignedEntity>
</performer>
</serviceEvent>
</documentationOf>
<componentOf>
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root="1.2.840.114350.1.13.182.3.7.3.698084.8"/>
        <code code="AMB" codeSystem="2.16.840.1.113883.5.4"
displayName="Ambulatory">
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displayName="Hospital Encounter"/>
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codeSystem="1.2.840.114350.1.13.182.3.7.4.698084.18888" codeSystemName="EPC"
displayName="HOME PATIENT FAMILY MEMBER OTHER"/>

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        <given>Diag</given>
        <family>10</family>
      </name>
    </assignedPerson>
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codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Radiology"/>
      <translation code="40"
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    <telecom nullFlavor="UNK"/>
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        <given>Whl</given>
        <given>Diag</given>
        <family>10</family>
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          <low nullFlavor="UNK"/>
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        </validTime>
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  </assignedEntity>
</encounterParticipant>
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root="1.2.840.114350.1.13.182.3.7.2.688879"/>
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                <th>Department</th>
                <th>Care Team (Latest Contact Info)</th>
                <th>Description</th>
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            <tr ID="encounter1" styleCode="xRowNormal">
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PM EDT</td>
                <td ID="encounter1type">Hospital Encounter</td>
                <td>
                    <paragraph>Imaging Services, Wheeling
Hospital</paragraph>
                    <paragraph>1 Medical Park</paragraph>
                    <paragraph>Wheeling, WV
26003-6379</paragraph>
                    <paragraph>304-243-3000</paragraph>
                </td>
            </tr>
            <tr>
                <td>
                    <content
ID="encounter1desc">Arrived</content>
                    <br/>Discharge Disposition: HOME PATIENT
FAMILY MEMBER OTHER</td>
            </tr>
        </tbody>
    </table>
</text>
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displayName="HOME PATIENT FAMILY MEMBER OTHER">
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OTHER</originalText>
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                    <name>West Virginia University Healthcare -
TEST</name>
                    <addr use="WP">
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                        <state>WV</state>
                        <postalCode>26508</postalCode>
                        <country>USA</country>
                    </addr>
                </representedOrganization>
            </assignedAuthor>
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root="1.2.840.114350.1.13.182.3.7.2.686980"/>
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codeSystem="1.2.840.114350.1.13.182.3.7.4.686980.110" displayName="Radiology"/>
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Park</streetAddressLine>
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                    <city>Wheeling</city>
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                    <name>Imaging Services, Wheeling

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Hospital</name>
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</participant>
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        </text>
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    <telecom nullFlavor="UNK"/>
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    <given>Order</given>
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    <low
    <high
    </validTime>
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    <state>WV</state>
    <postalCode>26508</postalCode>
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    </addr>
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    code="33999-4"
    statusCode="completed"/>
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codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT" displayName="Rank"/>
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styleCode="xSectionSubTitle">documented as of this encounter (statuses as of

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10/13/2023)</footnote>
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            <id nullFlavor="NA"/>
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codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT" displayName="Allergy
to substance (disorder)"/>
            <text>
              <reference value="#nof4"/>
            </text>
            <statusCode code="completed"/>
            <effectiveTime>
              <low nullFlavor="UNK"/>
            </effectiveTime>
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xsi:type="CD"/>
            <author>
              <time value="20231012082702-0400"/>
              <assignedAuthor>
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root="2.16.840.1.113883.4.6"/>

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            <translation code="32"
codeSystem="1.2.840.114350.1.72.1.7.7.10.688867.4160"
codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Internal
Medicine"/>
            <translation code="1011"
codeSystem="1.2.840.114350.1.13.182.3.7.10.836982.1050"
codeSystemName="Epic.SER.ProviderSpecialty" displayName="INTERNAL MEDICINE"/>
        </code>
        <addr use="WP">
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DR</streetAddressLine>
            <county>MONONGALIA</county>
            <city>MORGANTOWN</city>
            <state>WV</state>
            <postalCode>26501</postalCode>
            <country>USA</country>
        </addr>
        <telecom use="WP"
value="tel:+1-304-555-1234"/>
        <telecom use="WP"
value="fax:+1-304-555-1325"/>
        <assignedPerson>
            <name use="L">
                <given>Internal</given>
                <given>Med</given>
                <family>Cadence</family>
                <suffix qualifier="AC">
MD</suffix>
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                    </validTime>
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            </assignedPerson>
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root="1.2.840.114350.1.13.182.3.7.2.688879"/>
            <name>West Virginia University
Healthcare - TEST</name>
            <addr use="WP">
                <city>Morgantown</city>
                <state>WV</state>
                <postalCode>26508</postalCode>
                <country>USA</country>
            </addr>
        </representedOrganization>
    </assignedAuthor>

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        </author>
        </observation>
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    </act>
</entry>
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        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.3.19"/>
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        <code code="10160-0" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="History of Medication use Narrative"/>
        <title>Medications</title>
        <text>
            <content ID="nof6">No known medications</content>
            <footnote ID="subTitle5"
styleCode="xSectionSubTitle">documented as of this encounter (statuses as of
10/13/2023)</footnote>
        </text>
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negationInd="true">
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            <templateId root="2.16.840.1.113883.3.88.11.83.8"/>
            <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.7"/>
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                <manufacturedProduct classCode="MANU">
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root="1.3.6.1.4.1.19376.1.5.3.1.4.7.2"/>
                    <templateId
root="2.16.840.1.113883.10.20.1.53"/>
                    <templateId
root="2.16.840.1.113883.3.88.11.32.9"/>
                    <templateId
root="2.16.840.1.113883.3.88.11.83.8.2"/>
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            </code>
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</consumable>
<author>
    <time value="20231012082728-0400"/>
    <assignedAuthor>
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root="2.16.840.1.113883.4.6"/>
            <code nullFlavor="OTH">
                <originalText>INTERNAL
MEDICINE</originalText>
                    <translation code="32"
codeSystem="1.2.840.114350.1.72.1.7.7.10.688867.4160"
codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Internal
Medicine"/>
                        <translation code="1011"
codeSystem="1.2.840.114350.1.13.182.3.7.10.836982.1050"
codeSystemName="Epic.SER.ProviderSpecialty" displayName="INTERNAL MEDICINE"/>
                    </code>
                <addr use="WP">
                    <streetAddressLine>1 MEDICAL CENTER
DR</streetAddressLine>
                        <county>MONONGALIA</county>
                        <city>MORGANTOWN</city>
                        <state>WV</state>
                        <postalCode>26501</postalCode>
                        <country>USA</country>
                    </addr>
                <telecom use="WP" value="tel:+1-304-555-1234"/>
                <telecom use="WP" value="fax:+1-304-555-1325"/>
                <assignedPerson>
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                        <given>Med</given>
                        <family>Cadence</family>
                        <suffix qualifier="AC"> MD</suffix>
                        <validTime>
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                    </name>
                </assignedPerson>
            </representedOrganization>

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root="1.2.840.114350.1.13.182.3.7.2.688879"/>
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TEST</name>
                                <addr use="WP">
                                    <city>Morgantown</city>
                                    <state>WV</state>
                                    <postalCode>26508</postalCode>
                                    <country>USA</country>
                                </addr>
                                </representedOrganization>
                                </assignedAuthor>
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                                </substanceAdministration>
                            </entry>
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                    <section>
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                        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.3.6"/>
                        <templateId root="2.16.840.1.113883.3.88.11.83.103"/>
                        <id root="00000000-0001-F721-79F0-BAA9BA0A5E1B"/>
                        <code code="11450-4" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Problem list - Reported"/>
                        <title>Active Problems</title>
                        <text>
                            <paragraph ID="nof8">No known active problems</paragraph>
                            <footnote ID="subTitle7"
styleCode="xSectionSubTitle">documented as of this encounter (statuses as of
10/13/2023)</footnote>
                        </text>
                    <entry>
                        <act classCode="ACT" moodCode="EVN">
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                            <templateId root="2.16.840.1.113883.3.88.11.32.7"/>
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                            <text>
                                <reference value="#nof8"/>
                            </text>
                            <statusCode code="active"/>
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    </text>
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    </value>
    <author>
        <time value="20231012082728-0400"/>
        <assignedAuthor>
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root="2.16.840.1.113883.4.6"/>
                <code nullFlavor="OTH">
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                    <translation code="32"
codeSystem="1.2.840.114350.1.72.1.7.7.10.688867.4160"
codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Internal
Medicine"/>
                    <translation code="1011"
codeSystem="1.2.840.114350.1.13.182.3.7.10.836982.1050"
codeSystemName="Epic.SER.ProviderSpecialty" displayName="INTERNAL MEDICINE"/>
                </code>
                <addr use="WP">
                    <streetAddressLine>1 MEDICAL CENTER
DR</streetAddressLine>
                    <county>MONONGALIA</county>
                    <city>MORGANTOWN</city>
                    <state>WV</state>
                    <postalCode>26501</postalCode>
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                <telecom use="WP"
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value="fax:+1-304-555-1325"/>
    <assignedPerson>
      <name use="L">
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        <given>Med</given>
        <family>Cadence</family>
        <suffix qualifier="AC">
          MD</suffix>
          <validTime>
            <low nullFlavor="UNK"/>
            <high nullFlavor="UNK"/>
          </validTime>
        </name>
      </assignedPerson>
      <representedOrganization>
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          Healthcare - TEST</name>
          <name>West Virginia University
          <addr use="WP">
            <city>Morgantown</city>
            <state>WV</state>
            <postalCode>26508</postalCode>
            <country>USA</country>
          </addr>
        </representedOrganization>
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</entry>
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    <id root="00000000-0001-F722-79F0-BAA9BA0A5E1B"/>
    <code code="11369-6" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="History of Immunization Narrative"/>
    <title>Immunizations</title>
    <text>
      <table>
        <colgroup>
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          <col width="50%"/>
          <col width="25%"/>
        </colgroup>

```

```
| Name | Administration Dates | Next Due |
| --- | --- | --- |
| Influenza Vaccine, 6 month-adult | <content>10/12/2023</content> |  |


<footnote ID="subTitle10"
styleCode="xSectionSubTitle">documented as of this encounter</footnote>
</text>
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root="1.2.840.114350.1.13.182.3.7.2.768076"/>
<code code="IMMUNIZ" codeSystem="2.16.840.1.113883.5.4"
codeSystemName="ActCode"/>
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<reference value="#immunization11"/>
</text>
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<doseQuantity unit="mL" value=".5"/>
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<manufacturedProduct classCode="MANU">
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root="1.3.6.1.4.1.19376.1.5.3.1.4.7.2"/>
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root="2.16.840.1.113883.3.88.11.83.8.2"/>
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root="1.3.6.1.4.1.19376.1.5.3.1.4.7.2"/>
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TEST</name>
        <addr use="WP">
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            <state>WV</state>
            <postalCode>26508</postalCode>
            <country>USA</country>
        </addr>
    </representedOrganization>
</assignedAuthor>
</author>
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        <code code="29762-2" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Social history Narrative"/>
        <title>Social History</title>
        <text>
            <table ID="sochist14">
                <colgroup>
                    <col span="2" width="25%"/>
                    <col width="13%"/>
                    <col width="12%"/>
                    <col width="25%"/>
                </colgroup>
                <thead>
                    <tr>
                        <th>Tobacco Use</th>
                        <th>Types</th>
                        <th>Packs/Day</th>
                        <th>Years Used</th>
                        <th>Date</th>
                    </tr>
                </thead>
                <tbody>
                    <tr>
                        <td>Smoking Tobacco: Unknown</td>
                        <td/>

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        <td ID="sochist14packsperday"/>
        <td/>
        <td/>
    </tr>
</tbody>
</table>
<table>
    <colgroup>
        <col width="50%"/>
        <col span="2" width="25%"/>
    </colgroup>
    <thead>
        <tr>
            <th>Sex and Gender Information</th>
            <th>Value</th>
            <th>Date Recorded</th>
        </tr>
    </thead>
    <tbody>
        <tr ID="BirthSex17">
            <td>Sex Assigned at Birth</td>
            <td ID="BirthSex17Value">Not on file</td>
            <td/>
        </tr>
        <tr ID="GenderIdentity15">
            <td>Gender Identity</td>
            <td ID="GenderIdentity15Value">Not on file</td>
            <td/>
        </tr>
        <tr ID="SexualOrientation16">
            <td>Sexual Orientation</td>
            <td ID="SexualOrientation16Value">Not on
file</td>
            <td/>
        </tr>
    </tbody>
</table>
<table>
    <colgroup>
        <col span="2" width="25%"/>
        <col width="50%"/>
    </colgroup>
    <thead>
        <tr>
            <th>Job Start Date</th>
            <th>Occupation</th>
            <th>Industry</th>
        </tr>
    </thead>
    <tbody>

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        <tr>
            <td>Not on file</td>
            <td ID="sochist18">Not on file</td>
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        </tr>
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        <templateId extension="2014-06-09"
root="2.16.840.1.113883.10.20.22.4.78"/>
        <id extension="Z2753380^^72166-2"
root="1.2.840.114350.1.13.182.3.7.1.1040.1"/>
        <code code="72166-2" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Tobacco smoking status NHIS"/>
        <text>
            <reference value="#sochist14"/>
        </text>
        <statusCode code="completed"/>
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smoking consumption unknown" xsi:type="CD"/>
        <author>
            <time value="20231012"/>
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root="2.16.840.1.113883.4.6"/>
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MEDICINE</originalText>
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codeSystemName="Epic.DXC.StandardProviderSpecialtyType" displayName="Internal
Medicine"/>
                    <translation code="1011"
codeSystem="1.2.840.114350.1.13.182.3.7.10.836982.1050"
codeSystemName="Epic.SER.ProviderSpecialty" displayName="INTERNAL MEDICINE"/>
                </code>
                <addr use="WP">
                    <streetAddressLine>1 MEDICAL CENTER
DR</streetAddressLine>
                    <county>MONONGALIA</county>
                    <city>MORGANTOWN</city>
                    <state>WV</state>

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        <postalCode>26501</postalCode>
        <country>USA</country>
    </addr>
    <telecom use="WP" value="tel:+1-304-555-1234"/>
    <telecom use="WP" value="fax:+1-304-555-1325"/>
    <assignedPerson>
        <name use="L">
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            <given>Med</given>
            <family>Cadence</family>
            <suffix qualifier="AC"> MD</suffix>
            <validTime>
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root="1.2.840.114350.1.13.182.3.7.2.688879"/>
        <name>West Virginia University Healthcare -
TEST</name>
        <addr use="WP">
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            <state>WV</state>
            <postalCode>26508</postalCode>
            <country>USA</country>
        </addr>
    </representedOrganization>
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</entry>
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root="2.16.840.1.113883.10.20.22.4.200"/>
        <id extension="Z2753380"
root="1.2.840.114350.1.13.182.3.7.1.1040.20"/>
        <code code="76689-9" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Sex Assigned At Birth"/>
        <text>
            <reference value="#BirthSex17"/>
        </text>
        <statusCode code="completed"/>
        <effectiveTime value="20101012"/>
        <value
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codeSystem="2.16.840.1.113883.5.1" nullFlavor="UNK" xsi:type="CD">
            <originalText>

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                <reference value="#BirthSex17Value"/>
            </originalText>
        </value>
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root="2.16.840.1.113883.10.20.34.3.45"/>
        <templateId root="2.16.840.1.113883.10.20.22.4.38"/>
        <templateId extension="2015-08-01"
root="2.16.840.1.113883.10.20.22.4.38"/>
        <id nullFlavor="UNK"/>
        <code code="76691-5" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Gender identity"/>
        <text>
            <reference value="#GenderIdentity15"/>
        </text>
        <statusCode code="completed"/>
        <effectiveTime>
            <low nullFlavor="UNK"/>
        </effectiveTime>
        <value
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" nullFlavor="UNK"
xsi:type="CD">
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            </originalText>
        </value>
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root="2.16.840.1.113883.10.20.22.4.501"/>
        <templateId root="2.16.840.1.113883.10.20.22.4.38"/>
        <templateId extension="2015-08-01"
root="2.16.840.1.113883.10.20.22.4.38"/>
        <id nullFlavor="UNK"/>
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codeSystemName="LOINC" displayName="Sexual orientation"/>
        <text>
            <reference value="#SexualOrientation16"/>
        </text>
        <statusCode code="completed"/>
        <effectiveTime>
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        <reference value="#SexualOrientation16Value"/>
    </originalText>
</value>
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        <templateId root="2.16.840.1.113883.10.20.2.7"/>
        <code code="18776-5" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Plan of care note"/>
        <title>Plan of Treatment</title>
        <text>
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                        <th>Due Date</th>
                        <th>Last Done</th>
                        <th>Comments</th>
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Physical Activity for Children and Adolescents</td>
                        <td styleCode="Bold">10/12/2010</td>
                        <td/>
                        <td/>
                    </tr>
                    <tr ID="hm39">
                        <td ID="hm39name">Hepatitis B Vaccine (1 of 3 -
3-dose series)</td>
                        <td styleCode="Bold">10/12/2010</td>
                        <td/>
                        <td/>
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                    <tr ID="hm41">

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series)</td>
        <td ID="hm41name">IPV Vaccines (1 of 3 - 4-dose
        <td styleCode="Bold">12/12/2010</td>
        <td/>
        <td/>
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    <tr ID="hm46">
        <td ID="hm46name">Covid-19 Vaccine (#1)</td>
        <td styleCode="Bold">04/12/2011</td>
        <td/>
        <td/>
    </tr>
    <tr ID="hm38">
        <td ID="hm38name">Hepatitis A Vaccine (1 of 2 -
2-dose series)</td>
        <td styleCode="Bold">10/12/2011</td>
        <td/>
        <td/>
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    <tr ID="hm42">
        <td ID="hm42name">MMR Vaccines (1 of 2 -
Standard series)</td>
        <td styleCode="Bold">10/12/2011</td>
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2-dose childhood series)</td>
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        <td/>
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    </tr>
    <tr ID="hm36">
        <td ID="hm36name">Annual Well Child Visit 4-21
yrs</td>
        <td styleCode="Bold">10/12/2014</td>
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Tdap)</td>
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2-dose series)</td>
                <td styleCode="Bold">10/12/2021</td>
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        <tr ID="hm44" styleCode="xHistoric">
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            <td>Completed</td>
            <td>10/12/2023</td>
            <td/>
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0-64</td>
                <td>Aged Out</td>
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```

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AND LATERAL</content>
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        <td>Routine</td>
        <td>10/12/2023 9:12 AM EDT</td>
        <td>
            <paragraph>Encounter to establish
care</paragraph>
        </td>
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procedure are in the <content
styleCode="xLink2-Result.1.2.840.114350.1.13.182.3.7.2.798268.595003">results
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Chest, WVU, UHC, PVH, CCM, STJ, RMH, BRX, SMR, JMC, BMC, JAX, WZ, UTN, HRS, WHL, BRN, PRN	Digital Radiography
-------------------------------------------------------------------------------------------	---------------------

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
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Impressions
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          <content>9:12 AM.</content>
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          <br/>
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          <content/>
          <br/>
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The heart size and pulmonary vasculature are within </content>
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is no pleural effusion. </content>
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      <code code="42272-5" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC">
        <originalText>XR CHEST PA AND LATERAL</originalText>
      </code>
      <statusCode code="completed"/>
      <effectiveTime nullFlavor="UNK"/>
      <component>
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          <templateId
root="2.16.840.1.113883.10.20.1.31"/>
          <templateId
root="2.16.840.1.113883.3.88.11.83.15.1"/>
          <templateId
root="1.3.6.1.4.1.19376.1.5.3.1.4.13"/>
          <id extension="595003"
root="1.2.840.114350.1.13.182.3.7.2.798268"/>
          <code code="261665006"
codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT"
displayName="Unknown"/>
          <text>
            <reference nullFlavor="UNK"
value="#Result.1.2.840.114350.1.13.182.3.7.2.798268.595003"/>
          </text>
          <statusCode code="completed"/>
          <effectiveTime>
            <low nullFlavor="UNK"/>
          </effectiveTime>
        </observation>
      </component>
    </organizer>
  </entry>

```



```

        </tr>
    </thead>
    <tbody>
        <tr ID="vdx2" styleCode="xRowNormal">
            <td>
                <paragraph>
                    <content ID="vdx2Name">Encounter to
establish care</content>
                </paragraph>
                <paragraph styleCode="xallIndent">Other
reasons for seeking consultation</paragraph>
            </td>
        </tr>
    </tbody>
</table>
<footnote ID="subTitle54"
styleCode="xSectionSubTitle">documented in this encounter</footnote>
    </text>
</section>
</component>
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    <section>
        <templateId root="2.16.840.1.113883.10.20.1.9"/>
        <templateId root="1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7"/>
        <code code="48768-6" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Payment sources"/>
        <title>Insurance</title>
        <text>
            <table>
                <colgroup>
                    <col width="25%"/>
                    <col width="10%"/>
                    <col width="15%"/>
                    <col width="10%"/>
                    <col span="2" width="15%"/>
                    <col width="10%"/>
                </colgroup>
                <thead>
                    <tr>
                        <th>Payer</th>
                        <th>Benefit Plan / Group</th>
                        <th>Subscriber ID</th>
                        <th>Effective Dates</th>
                        <th>Phone</th>
                        <th>Address</th>
                        <th>Type</th>
                    </tr>
                </thead>
                <tbody>
                    <tr ID="coverage59">

```

```

                    <td>TRICARE FOR LIFE (WPS)</td>
                    <td>TRICARE FOR LIFE</td>
                    <td>xxxxx6789</td>
                    <td>Effective for all dates</td>
                    <td>866-773-0404</td>
                    <td>
                        <paragraph>PO BOX 7890</paragraph>
                        <paragraph>MADISON, WI
53707-7890</paragraph>
                    </td>
                    <td>Non Managed Care</td>
                </tr>
            </tbody>
        </table>
    <table>
        <colgroup>
            <col width="25%"/>
            <col width="10%"/>
            <col width="15%"/>
            <col width="10%"/>
            <col width="15%"/>
            <col width="25%"/>
        </colgroup>
        <thead>
            <tr>
                <th>Guarantor Name</th>
                <th>Account Type</th>
                <th>Relation to Patient</th>
                <th>Date of Birth</th>
                <th>Phone</th>
                <th>Billing Address</th>
            </tr>
        </thead>
        <tbody>
            <tr>
                <td>PEDIATRIC,MOTHER</td>
                <td>Personal/Family</td>
                <td>Mother</td>
                <td>10/04/1984</td>
                <td>
                    <paragraph>304-159-9951 (Home)</paragraph>
                    <paragraph>999-999-9999 (Work)</paragraph>
                </td>
                <td>
                    <paragraph>812 Test Avenue</paragraph>
                    <paragraph>FAIRMONT, WV 26554</paragraph>
                </td>
            </tr>
        </tbody>
    </table>

```



```

<postalCode>53707-7890</postalCode>
    </addr>
    </representedOrganization>
    </assignedEntity>
</performer>
<performer typeCode="PRF">
    <templateId
root="2.16.840.1.113883.10.20.22.4.88"/>
    <assignedEntity>
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root="00000000-0001-f726-79f0-baa9ba0a5e1b"/>
        <code code="GUAR"
codeSystem="2.16.840.1.113883.5.110" codeSystemName="Role Class"
displayName="Guarantor"/>
        <addr use="WP">
            <streetAddressLine>812 Test
Avenue</streetAddressLine>
            <county>MARION</county>
            <city>FAIRMONT</city>
            <state>WV</state>
            <postalCode>26554</postalCode>
            <country>USA</country>
        </addr>
        <telecom use="HP"
value="tel:+1-304-159-9951"/>
        <telecom use="WP"
value="tel:+1-999-999-9999"/>
        <assignedPerson>
            <name>PEDIATRIC,MOTHER</name>
        </assignedPerson>
    </assignedEntity>
</performer>
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    <templateId
root="2.16.840.1.113883.10.20.22.4.89"/>
    <time>
        <low nullFlavor="NA"/>
        <high nullFlavor="NA"/>
    </time>
    <participantRole>
        <id nullFlavor="MSK"
root="1.2.840.114350.1.13.182.3.7.3.678671.315"/>
        <code
codeSystem="2.16.840.1.113883.5.111" codeSystemName="Role Code" nullFlavor="UNK">
            <originalText>Self</originalText>
        </code>
        <addr use="HP">
            <streetAddressLine>812 Test
Avenue</streetAddressLine>

```

```

        <county>MARION</county>
        <city>FAIRMONT</city>
        <state>WV</state>
        <postalCode>26554</postalCode>
        <country>USA</country>
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xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:type="IVL_TS">
            <low value="20231004"/>
            <high value="20231003"/>
        </useablePeriod>
    </addr>
    <playingEntity>
        <name nullFlavor="NI"/>
        <sdtc:birthTime
xmlns:sdtc="urn:h17-org:sdtc" nullFlavor="UNK"/>
    </playingEntity>
</participantRole>
</participant>
<entryRelationship typeCode="REFR">
    <act classCode="ACT" moodCode="DEF">
        <id extension="1922"
root="1.2.840.114350.1.13.182.3.7.2.698080"/>
        <code nullFlavor="NA"/>
        <text>
            <reference value="#coverage59"/>
        </text>
    </act>
</entryRelationship>
</act>
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</entry>
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</component>
<component>
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root="2.16.840.1.113883.10.20.22.2.500"/>
        <templateId extension="2019-07-01"
root="2.16.840.1.113883.10.20.22.2.500"/>
        <code code="85847-2" codeSystem="2.16.840.1.113883.6.1"
codeSystemName="LOINC" displayName="Patient Care team information"/>
        <title>Care Teams</title>
        <text>
            <table ID="ct61">
                <colgroup>
                    <col span="3" width="25%"/>
                    <col width="13%"/>
                    <col width="12%"/>
                </colgroup>
            </table>
        </text>
    </section>
</component>

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<thead>
  <tr>
    <th>Team Member</th>
    <th>Relationship</th>
    <th>Specialty</th>
    <th>Start Date</th>
    <th>End Date</th>
  </tr>
</thead>
<tbody>
  <tr styleCode="xRowNormal">
    <td>
      <paragraph styleCode="Bold">Halbritter,
Kevin, MD</paragraph>
      <paragraph>NPI: 1356454011</paragraph>
      <paragraph>1 MEDICAL CENTER DR</paragraph>
      <paragraph>PO BOX 782</paragraph>
      <paragraph>MORGANTOWN, WV 26507</paragraph>
      <paragraph>304-598-4850 (Work)</paragraph>
      <paragraph>304-598-4871 (Fax)</paragraph>
    </td>
    <td>PCP - General</td>
    <td>INTERNAL MEDICINE</td>
    <td>10/4/23</td>
  </td/>
  </tr>
</tbody>
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styleCode="xSectionSubTitle">documented as of this encounter</footnote>
</text>
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root="2.16.840.1.113883.10.20.22.4.500"/>
    <templateId extension="2019-07-01"
root="2.16.840.1.113883.10.20.22.4.500"/>
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        <reference value="#ct61"/>
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    </code>
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    <effectiveTime>
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    <author>
      <time value="20231004081300-0400"/>

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        <assignedAuthor>
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root="1.2.840.114350.1.13.182.3.7.2.697780"/>
          <addr nullFlavor="UNK"/>
          <telecom nullFlavor="UNK"/>
          <assignedPerson>
            <name use="L">
              <given>Derek</given>
              <family>Puskas</family>
              <validTime>
                <low nullFlavor="UNK"/>
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              </validTime>
            </name>
          </assignedPerson>
          <representedOrganization>
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root="1.2.840.114350.1.13.182.3.7.2.688879"/>
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TEST</name>
            <addr use="WP">
              <city>Morgantown</city>
              <state>WV</state>
              <postalCode>26508</postalCode>
              <country>USA</country>
            </addr>
          </representedOrganization>
        </assignedAuthor>
      </author>
      <participant typeCode="PPRF">
        <sdtc:functionCode xmlns:sdtc="urn:hl7-org:sdtc"
code="PP" codeSystem="2.16.840.1.113883.12.443" codeSystemName="Provider Role"
displayName="Primary Care Provider">
          <originalText>General</originalText>
        </sdtc:functionCode>
        <participantRole>
          <id extension="1356454011"
root="2.16.840.1.113883.4.6"/>
        </participantRole>
      </participant>
    <component>
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root="2.16.840.1.113883.10.20.22.4.500.1"/>
        <templateId extension="2019-07-01"
root="2.16.840.1.113883.10.20.22.4.500.1"/>
        <id extension="1356454011"
root="2.16.840.1.113883.4.6"/>
        <code code="85847-2"
codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Care Team

```


Healthcare - TEST</name>

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  <name>West Virginia University  
  
  <telecom nullFlavor="UNK"/>  
  <addr use="WP">  
    <city>Morgantown</city>  
    <state>WV</state>  
    <postalCode>26508</postalCode>  
    <country>USA</country>  
  </addr>  
</representedOrganization>
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</assignedEntity>
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</performer>
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</act>
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</component>
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</organizer>
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</component>
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</structuredBody>
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</ClinicalDocument>
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