MSH|^~\&|||||202101041543||ADT^A02^ADT_A02|236073704|P|2.4|||AL|NE
EVN|A02|202101041543||OBSTOIN|SWASHING^Washington^Shariss^L^^^^^^^^^XX|202101041537
PID|1||12131415^^^^MR^NA~555-55-5555^^^^SS^12131415^^^^PI^NA~12131415^^^^EMR^NA~1213
1415^^^^PT^NA||YALEZZZTESTPATIENT^YALECONNIE||19750501|F||W|1234 Main
St^^Hartford^CT^06118^USA^^^15||^PRN^C^|^WPN^EMP|ENG|U|NONE|087511111|218-11-1111|||
NOT HISP
PV1|1|I|BIRTH^1045^A|D||BIRTH^1045^A|DOP4^Dora^Passale^Lufau^^^MD^^^^^^XX|||OB/GYN||
||MD|||DOP4^Dora^Passale^Lufau^^^MD^^^^^^XX|IN||BC|||||||||||||||||||NA||ADM|||20210
1041537
PV2|1|OB^Obstetrics^OB|Induction|Rollover INO to
IN|||||||1|||||||||||||D||||||||||N
ROL|1|AD|AD|DOP4^Dora^Passale^Lufau^^^MD^^^^^^XX
ROL|2|AD|AT|DOP4^Dora^Passale^Lufau^^^MD^^^^^^XX
ROL|3|AD|PP|PCPNONE^PCP None^^^^^^^^^^^XX
OBX|1|TX|ADMCONDATE^Date Signed:^ADM||20210104||||||F
OBX|2|TX|ADMCONSENT^Was Patient Consent Signed?^ADM||Y||||||F
DRG|38^Version 38^ICD10