

MSH|^~\&|ADT||INVISION|CRISP|20210104172159||ADT^A31|Q812791855T106910569|P|2.3|||||
|8859/1
EVN|A31|20210104172159
PID|1||8211111^^^|YALEZZZTESTPATIENT^YALECONNIE||19750501|F|ACAN^RABART^ANTAN^^^NY
SIIS|B^UNKNOWN/UNAVAILABLE|1234 Main
St^^Hartford^CT^06118^USA^^^15|15|^PRN^Tel||1|S^Single|OTH^Other|46914230^^^MD
FIN^FIN NBR|025568834|||80^Unknown/Unavailable|||0|||||||
PD1|||^0|||U
PV1|1|I^Inpatient|3000^3006^1^WAH Hospital^^^WAH
Hospital|U^Urgent|||11111^Trivai^Maneen^Maheman^^MD^^^Leg_Id^Personnel^^^ORGANIZATIO
N DOCTOR|||MED|||No|TH^Transfer from a
Hospital|||11111^Trivai^Maneen^Maheman^^MD^^^Leg_Id^Personnel^^^ORGANIZATION
DOCTOR|I||B|||||||WA||A|||20210104164000
PV2|||||||15
AL1|1|1|##NOMEN##,AL1,ceStruct,allergy,639026,960419^No Known Allergies^Allergy