

Category	English Story	Data Tab
6	Ms. Nichole Johnson arrives for her appointment with Dr. Abraham Helpman to discuss pathology test results. Ongoing problems that are currently being monitored include mild anxiety. Pathology indicates a benign thyroid tumor. Dr. Helpman informs patient that no chemotherapy or radiation is needed. The patient is referred to Dr. Harper Smith Endocrinologist.	Cat6 Case2

Category 6 Case 2

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.1 13883.10.20. 3	Header					
2.16.840.1.11 3883.10.20.3	Date Case Report Exported	10/22/2012				SHALL
2.16.840.1.11 3883.10.20.3	Patient Last Name	JOHNSON				SHALL
2.16.840.1.11 3883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.11 3883.10.20.3	Patient First Name	NICHOLE				SHALL
2.16.840.1.11 3883.10.20.3	Patient Middle Name	JOAN				SHALL
2.16.840.1.11 3883.10.20.3	Patient Maiden Name	BOBDULIER				SHOULD
2.16.840.1.11 3883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	2222 West 78 Street				SHALL
	City	MINNEAPOLIS				SHALL
	State	MN		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	55401		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Start Date	3/7/2009				SHALL
	End Date	7/7/2010				SHALL

	Patient Street Address	2243 Lincoln Parkway				SHALL
	City	Albany				SHALL
	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	12204		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	7/7/2010				SHALL
	Address History: End Date					SHALL
2.16.840.1.11 3883.10.20.3	Patient Telephone	5553322220				SHALL
2.16.840.1.11 3883.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.113 883.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.11 3883.10.20.3	Patient Date of Birth	4/18/1969				SHALL
2.16.840.1.11 3883.10.20.3	Patient Medical Record Number	112232-9				SHALL
2.16.840.1.11 3883.10.20.3	Patient Social Security Number	333-88-4444		2.16.840.1.113 883.4.1	United States Social Security Administratio n (SSA)	SHALL
2.16.840.1.11 3883.10.20.3	Patient Race	2039-6	Japanese	2.16.840.1.113 883.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.11 3883.10.20.3	Patient Race (multiple)	2046-1	Thai	2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.11 3883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.1. 14.1	Patient Birth Place	MN	Minnesota	2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.11 3883.10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.113 883.5.2	HL7 Marital Status	SHALL
2.16.840.1.11 3883.10.20.3	Physician Name	ABRAHAM HELPMAN				SHALL
2.16.840.1.11 3883.10.20.3	Physician ID (NPI)	1000000001		2.16.840.1.113 883.4.6	NPI	SHALL

2.16.840.1.11 3883.10.20.3	Physician Street Address	12233 78TH STREET				SHALL
2.16.840.1.11 3883.10.20.3	City	BUFFALO		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.11 3883.10.20.3	State	NY		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.11 3883.10.20.3	Postal Code	14267-0002				SHALL
2.16.840.1.11 3883.10.20.3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.11 3883.10.20.3	Physician email					SHALL
2.16.840.1.11 3883.10.20.3	Physician Telephone	7165553302				SHALL
2.16.840.1.11 3883.10.20.3	Physician specialty	207Q00000X	Family Medicine	2.16.840.1.113 883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.11 3883.10.20.3	Provider Organization ID	1230981100		2.16.840.1.113 883.4.6	NPI	SHALL
2.16.840.1.11 3883.10.20.3	Provider Organization Name	METRO DOCS				SHALL
2.16.840.1.11 3883.10.20.3	Provider Organization Street Address	12233 78TH STREET				SHALL
2.16.840.1.11 3883.10.20.3	City	BUFFALO				SHALL
2.16.840.1.11 3883.10.20.3	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.11 3883.10.20.3	Postal Code	14267-0002		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.11 3883.10.20.3	Country	USA				SHALL
2.16.840.1.11 3883.10.20.3	Provider Organization Telephone	7165553300				SHALL
1.3.6.1.4.1.19 376.1.4.1.3.1	[Encompassing Encounter]					SHALL
1.3.6.1.4.1.19 376.1.4.1.3.1	Provider Referred From ID (NPI)					SHALL
1.3.6.1.4.1.19 376.1.4.1.3.1	Provider Referred From Name					SHALL

2.16.840.1.11 3883.10.20.3	Provider Referred From Street Address					SHALL
2.16.840.1.11 3883.10.20.3	City					SHALL
2.16.840.1.11 3883.10.20.3	State			2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.11 3883.10.20.3	Postal Code			2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.11 3883.10.20.3	Country					SHALL
2.16.840.1.11 3883.10.20.3	Provider Referred From Telephone					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 3.16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13.4	Usual Occupation	1020	Software developers, applications and systems software	2.16.840.1.113 883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13.4	Usual Industry	7380	Computer systems design and related services	2.16.840.1.113 883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13.4	Smoking Status	8517006	Former Smoker	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 1.5.3.7	Payers Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 17	Primary Payer at Diagnosis	121	Medicare-FFS	2.16.840.1.113 883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 17		MF	Medicare Advantage Private Fee for Service	2.16.840.1.113 883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.1 9376.1.7.3.1. 3.14.1	Cancer Diagnosis Section					SHALL

1.3.6.1.4.1.19 376.1.7.3.1.3. 14.1	Narrative	Oxyphilic Adenoma of thyroid				SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Diagnosis Date	10/22/2012				SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Histologic Type	8290	Oxyphilic Adenoma	2.16.840.1.113 883.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1		M8290/0	Oxyphilic Adenoma	2.16.840.1.113 883.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1		89439007	Oxyphilic Adenoma	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Behavior	0	Benign	2.16.840.1.113 883.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113 883.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Primary Site	226	Benign neoplasm of thyroid glands	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1		69748006	Thyroid gland	2.16.840.1.113 883.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.1	Laterality	0	Not a paired site	2.16.840.1.113 883.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.2	TNM Clinical Stage Group			2.16.840.1.113 883.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.19 376.1.7.3.1.4. 14.2	TNM Clinical Stage Descriptor			2.16.840.1.113 883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
	TNM Edition			2.16.840.1.113 883.3.520.3.5	NAACCR TNM Edition Number	SHALL
	TNM Clinical Staged By			2.16.840.1.113 883.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL

	TNM Clinical T			2.16.840.1.113 883.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
	Date/Time					SHALL
	TNM Clinical N			2.16.840.1.113 883.3.520.3.7	NAACCR TNM Clinical Node	SHALL
	Date/Time					SHALL
	TNM Clinical M			2.16.840.1.113 883.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
	Date/Time					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 3.6	Active Problems Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	problem start date	4/15/2009				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does not = completed or aborted)
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	Problem	300.02	Generalized anxiety	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2		21897009	Generalized anxiety disorder	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	problem start date	10/22/2012				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	problem stop date					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	Problem	226	Benign neoplasm of thyroid glands	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2		92439006	Benign neoplasm of thyroid gland	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 5.2	Problem Status	ACTIVE				SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 1.13.2.7	Progress Note Section					SHALL
	Progress Notes Narrative	Results of pathology report were discussed. Chemotherap y or radiation therapy is not needed. Patient referred to Dr. Smith, Endocrine Clinic.				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 3.28	Coded Results Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Code	138875005	Collection of blood specimen for laboratory	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19		36415	Collection of venous blood by venipuncture	2.16.840.1.113 883.6.12	CPT-4	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19				2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19				2.16.840.1.113 883.6.1	LOINC	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Date	10/22/2012				SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Simple Observatio n Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Code (Lab Test Name)	3016-3	Thyrotropin [Units/volume] in Serum or Plasma	2.16.840.1.113 883.6.1	LOINC	SHALL
	Value data type (xsi:type)					

1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Coded Result (Value)					
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value data type (xsi:type)	PQ				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value	0.12				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Units	mU/L (SI Units)				SHALL (when Value@xsi:type="PQ ")
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Date/Time	10/22/2012				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnosing Facility	METRO ONCOLOGY				MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnostic facility ID	1230981100		2.16.840.1.113 883.4.6	NPI	MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Code	138875005	Collection of blood specimen for laboratory	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19		36415	Collection of venous blood by venipuncture	2.16.840.1.113 883.6.12	CPT-4	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19				2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19				2.16.840.1.113 883.6.1	LOINC	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Date	10/22/2012				SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Simple Observatio n Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Code (Lab Test Name)	3026-2	Thyroxine (T4) [Mass/volume] in Serum or Plasma	2.16.840.1.113 883.6.1	LOINC	SHALL
	Value data type (xsi:type)					

1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Coded Result (Value)					
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value data type (xsi:type)					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Units	nmol/L (SI Units)				SHALL (when Value@xsi:type="PQ ")
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Date/Time	10/22/2012				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnosing Facility	METRO ONCOLOGY				MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnostic facility ID	1230981100		2.16.840.1.113 883.4.6	NPI	MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Code	171989004	Biopsy of lesion of thyroid gland	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19		60100	Biopsy thyroid, percutaneous core needle	2.16.840.1.113 883.6.12	CPT-4	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19		6.11	Closed biopsy of thyroid gland	2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19		15211-6	Thyroid biopsy [interpretation] in unspecified specimen narrative	2.16.840.1.113 883.6.1	LOINC	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 19	Procedure Date	10/19/2012				SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Simple Observatio n Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Code (Lab Test Name)	22637-3	Path report.final diagnosis	2.16.840.1.113 883.6.1	LOINC	SHALL

1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Value	Biopsy, right lobe thyroid: oxyphilic adenoma				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Units					SHALL (when Value@xsi:type="PQ ")
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Result Date/Time	10/19/2012				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnosing Facility	General Pathology				MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 13	Diagnostic facility ID	12D9090808		2.16.840.1.113 883.4.7	CLIA	MAY
2.16.840.1.1 13883.10.20. 1.12	Procedures Section					SHALL
2.16.840.1.11 3883.10.20.1. 29	Procedure Activity Entry					SHALL
2.16.840.1.11 3883.10.20.1. 29	Procedure			2.16.840.1.113 883.6.1	LOINC	SHALL
2.16.840.1.11 3883.10.20.1. 29				2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
2.16.840.1.11 3883.10.20.1. 29				2.16.840.1.113 883.6.12	CPT-4	SHALL
2.16.840.1.11 3883.10.20.1. 29				2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.11 3883.10.20.1. 29	Site of procedure			2.16.840.1.113 883.6.96	SNOMEDCT	MAY
2.16.840.1.11 3883.10.20.1. 29	Date of procedure					SHOULD
1.3.6.1.4.1.1 9376.1.7.3.1. 3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 3.19	Medications Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Medications Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Start Date	4/13/2010				SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Stop Date					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Timing (Frequency)	BID	Twice a day			SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Route	C38288	Oral	2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose	12.5				SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose Unit	mg		2.16.840.1.113 883.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Site			2.16.840.1.113 883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Rate					MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Code (of Product Name)	562790	Paroxetine 12.5 MG Extended Release Tablet	2.16.840.1.113 883.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Name	114228	Paxil			SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Strength (original text)					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Medications Entry					SHALL

1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Start Date					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Stop Date					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Frequency					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Route			2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose Unit			2.16.840.1.113 883.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Site			2.16.840.1.113 883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Rate					MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Code (of Product Name)			2.16.840.1.113 883.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Name					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Strength (original text)					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 3.21	Medications Administered Section (medications that are administered during the encounter)					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Medications Entry					SHALL

1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Start Date					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Stop Date					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Frequency					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Route			2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Dose Unit			2.16.840.1.113 883.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Site			2.16.840.1.113 883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Rate					MAY
1.3.6.1.4.1.19 376.1.5.3.1.4. 7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Code (of Product Name)			2.16.840.1.113 883.6.88	RxNorm	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Name					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.4. 7	Strength (original text)					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 3.31	Care Plan Section					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 14	Encounters Entry					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.4. 14	Provider Referred to (NPI) (APT Mood)	4440002229		2.16.840.1.113 883.4.6	NPI	SHOULD

1.3.6.1.4.1.19 376.1.5.3.1.4. 14	Provider Referred to Name	Harper Smith				SHOULD
2.16.840.1.11 3883.10.20.3	Provider Referred to Street Address	18465 Yankton Street NW				SHALL
2.16.840.1.11 3883.10.20.3	City	BUFFALO				SHALL
2.16.840.1.11 3883.10.20.3	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.11 3883.10.20.3	Postal Code	14267-0002		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.11 3883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.11 3883.10.20.3	Provider Referred to Telephone	7165483098				SHALL