



MedStar Health

**MedStar WHC OB/GYN at Lafayette Centre**

1133 21st Street NW  
Building 2  
Washington, DC 20036-  
(202)416-2000

Patient: **YOSHIMOTO, AYAE**

MRN: WHC-000007852076

FIN: WHC-60066922729

DOB/Age/Sex: 10/26/1994 31 years

Female

Date of Service: 7/10/2025

Attending Provider: Quiett,MD,Valencia M.

**Patient Viewable Documents**

DOCUMENT NAME:

Lab Order Requisition

PERFORM INFORMATION:

RESULT STATUS:

Auth (Verified)

SERVICE DATE/TIME:

8/19/2025 00:00 EDT

SIGN INFORMATION:

**LABORDREQ-31617692167.PDF**

Please Click On Link to see attachment

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**Report Request ID:**

825632096

**Print Date/Time:**

11/26/2025 06:07

This report is confidential medical information. The unauthorized disclosure of this information may subject you to civil and criminal penalties.

EST

[www.medstarhealth.org](http://www.medstarhealth.org)

MEDICAL RECORD NUMBER  
**WHC-000007852076**

EMPI NUMBER  
**050804262**

PATIENT ACCOUNT NUMBER  
**WHC-60066922729**

MedStar WHC OB/GYN at Lafayette Centre  
1133 21st Street NW Building 2 Washington DC - 20036  
Business: 202-416-2000

PATIENT NAME:	<b>YOSHIMOTO, AYAE</b>	DOB: <b>10/26/94</b>
ADMIT DX:	MISSED PERIODS	AGE: 30 Years
ENCOUNTER TYPE:	Clinic	HGT/WT: 155 cm/43.8 kg
ISOLATION STATUS:		SEX: Female
VISIT DATE:	07/10/25	Lab Name: <b>MedStar WHC</b>
CLINIC:	MedStar WHC OB/GYN at Lafayette Centre	Lab Acct #: <b>3264.00</b>

ALLERGIES: **No Known Medication Allergies**

<b>Primary Insurance:</b>	<b>Secondary Insurance:</b>
Company: AETNA OPEN	Company:
Group#:	Group#:
Member#: 904150909	Member#:
Guarantor: YOSHIMOTO, AYAE	Guarantor:

**ORDER: Glucose Fasting**

**ORDER DATE/TIME:** 08/19/25 11:14

**ORDERING MD:** Schreiber, PA-C, Lisa Marlene

**NPI:** 1396875399

**ENTERED BY:** Schreiber, PA-C, Lisa Marlene

**CRITICAL RESULTS**

**CONTACT #:**

**CC PROVIDER:**

**ORDER NUMBER:** 31617692167.00

For more information about your provider or to locate a different provider, please visit

**DIAGNOSIS CODES:** Encounter for general adult medical examination wi (Z00.00)

**Indication:**

**Clinical History:**

**Special Instructions:**

Performing Location:

Scheduling Phone Number:

Schedule Appointment by: 08/19/2025

Priority:

May Modify per Radiology Protocol:

AUC Order Adherence Mod:

Qualified CDSM Utilized:

**Authorizing Signature (electronic):** Schreiber, PA-C, Lisa Marlene

**Date/Time:** 08/19/25 11:14