

Patient: **YOSHIMOTO, AYAE**

MRN: GUH-000002380268

FIN: GUH-07732455709

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

Female

Date of Service: 5/1/2025

Attending Provider: Layman,MD,Kerri L.

Patient Viewable Documents

DOCUMENT NAME:	ED Clinical Summary
PERFORM INFORMATION:	Holmes,LPN,Adrienne (5/2/2025 06:49 EDT)
RESULT STATUS:	Modified
SERVICE DATE/TIME:	5/2/2025 06:49 EDT
SIGN INFORMATION:	Holmes,LPN,Adrienne (5/2/2025 06:49 EDT); Burrows,MD, Eliese Friedel (5/2/2025 06:11 EDT)

ED Clinical Summary

MedStar Health

MedStar Georgetown University Hospital

3800 Reservoir Road

Washington, DC 20007

Phone: (202) 444-2000

www.georgetownuniversityhospital.org

**Emergency Department
Clinical Summary****PERSON INFORMATION****Name** YOSHIMOTO, AYAE**Sex** Female**Language** English**Marital Status** Single**ED Arrival Date and Time** 05/01/2025 10:13
PM**Depart Date and Time** 05/02/2025 06:49
AM**Age** 30 Years**Race** Asian Indian**Phone** (415)605-9076**MRN** GUH-000002380268**Acuity** 3V**Discharge Disposition** Disch to
home or self care-Routine**DOB** 10/26/1994**Ethnicity** Non-Hispanic
PCP**Acct#** GUH-07732455709**LOS** 000 08:36**Patient Address:**

30 RIDGE SQUARE NW APT 621 WASHINGTON DC 20016

Report Request ID:

825655212

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Print Date/Time:

11/26/2025 07:20

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Patient Stated Complaint: Facial pain; FEELS ILL COLD LIKE (L) SIDE FACE PAIN

Details of the patient encounter not listed in this Clinical Discharge Summary can be accessed from the patient record via the MedStar Clinician Portal or by contacting Medical Records at 202-444-3184.

DIAGNOSIS

Left facial pain

Procedures

No Procedures Documented

Provider Information:

Primary Provider:
Eliese Friedel Burrows, MD
Secondary Provider:
Kane, MD, Cary Anne

Admitting Physician: Unassigned, Unassigned

Consulting Physician(s):

Referring Physician

Measurements	Latest	Date/Time
Weight Dosing	45 kg	05/01/2025 22:28:00
Height/Length Dosing	155 cm	05/01/2025 22:28:00
Body Mass Index Dosing	18.73 kg/m2	05/01/2025 22:28:00

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Vital Sign	Triage	Triage Date/Time	Latest	Latest Date/Time
Temperature Oral	36.9 DegC	05/01/2025 22:28:11	36.8 DegC	05/02/2025 06:34:56
O2 Sat	99 %	05/01/2025 22:28:28	100 %	05/02/2025 06:35:26
Respiratory Rate	15 BR/min	05/01/2025 22:27:58	14 BR/min	05/02/2025 06:35:25
Peripheral Pulse Rate	69 bpm	05/01/2025 22:28:28	72 bpm	05/02/2025 06:35:26
Blood Pressure, Automated	103/70 mmHg	05/01/2025 22:28:10	100/70 mmHg	05/02/2025 06:35:08
MAP, Automated	81 mmHg	05/01/2025 22:28:10	80 mmHg	05/02/2025 06:35:08

Cognitive and Functional Status:,

MEDICAL INFORMATION

Problems

Active

No Chronic Problems

Allergies

aspirin
ibuprofen

Immunizations

No Immunizations Documented This Visit

Smoking Status: **Never smoker**

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Laboratory or Other Results This Visit (last charted value for your 05/01/2025 visit)

No Laboratory or Other Results This Visit

Comment:

Current Medication List as of 05/02/25 06:49:01

acetaminophen (Tylenol)

Directions: Use as previously directed by your prescribing physician

Comments: _____

drospirenone-ethinyl estradiol (Yaz 3 mg-0.02 mg oral tablet)

Directions: 1 tablet by mouth every day

Special Instructions: start first tablet today

Comments: _____

Physician(s) who completed Medication

Reconciliation

Burrows, MD, Eliese Friedel (05/02/2025 06:05)

PATIENT EDUCATION INFORMATION

Follow up:

You must call each Provider to make/verify your appointment.

PHYSICIAN/PROVIDER	DETAILS
Follow up with primary care provider	When: Within 1 week
MGUH ENT Clinic	When: Within 1 week only if needed Address: 3800 Reservoir Rd, NW 1st Floor- Gorman Washington DC 20007

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(202)444-8186(Ph)

Care Plan & Goals:

For this information, please review the details within this full Summary of Care document. For information not listed elsewhere, please refer to the patient medical record.

Printed Education Given To Patient:

Paresthesia, Easy-to-Read

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