

**YOSHIMOTO, AYAE** Admin Sex: **Female** DOB: **10/26/1994**

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### Continuity of Care Document

Summarization of Episode Note | 10/2/2025 to 10/2/2025

Source: MedStar WHC OB/GYN at Lafayette Centre

Created: 11/26/2025

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### Demographics

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Contact Information:

2520 MASSACHUSETTS AVE NW, WASHINGTON, DC 20008, USA

Tel: (415)605-9076 (Primary Home)

Email: AYEYSMT@GMAIL.COM

Previous Address(es):

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Marital Status: Single

Religion: None

Race: --

**Previous Name(s):** --

Date of Death: //

Ethnic Group: Not Hispanic or Latino

Language: dn

ID: URN:CERNER:IDENTITY-FEDERATION:REALM:C2A9AAAD-29F4-4D5D-87B0-388C13A9B433-CH:PRINCIPAL:E5115E52-1B16-4E62-A837-A0B64197AE24, 50804262

### Care Team

No Data to Display

### Relationships

No Data to Display

### Document Details

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#### Source Contact Info

1133 21st Street NWBuilding 2, Washington, DC 20036- , USA

Tel: (202)416-2000

#### Author Contact Info

11/26/2025 5:56 AM

MedStar WHC OB/GYN at Lafayette Centre

#### Recipient Contact Info

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### Healthcare Professionals

No Data to Display

### IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD\_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01, 2.16.840.1.113883.10.20.22.1.2 : 2015-08-01

Document ID: 2.16.840.1.113883.3.1662.10.482.999362 : 697413420

Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Document Set ID: --

Document Version Number: --

Primary Encounter

Encounter Information

Registration Date: 10/2/2025

Discharge Date: 10/2/2025

Visit ID: --

Location Information

MedStar WHC OB/GYN at Lafayette Centre

(Work): 1133 21st Street NWBuilding 2, Washington, DC 20036- , USA

Providers

Type	Name	Address	Phone
Admitting	Quiett, Valencia M.	(Work): 110 Irving St NW, Washington, DC 20010- , USA	Tel: (202)481-1060 (Work)
Attending	Quiett, Valencia M.	(Work): 110 Irving St NW, Washington, DC 20010- , USA	Tel: (202)481-1060 (Work)
Referring	SELF-REFERRED,	--	--

## Encounter

**WHC FIN 60077916603 Date(s): 10/2/25 - 10/2/25**

MedStar WHC OB/GYN at Lafayette Centre 1133 21st Street NW Building 2 Washington, DC 20036- USA (202)416-2000

Attending Physician: Quiett, MD, Valencia M.

Admitting Physician: Quiett, MD, Valencia M.

Referring Physician: 0000888883 -SELF-REFERRED,

**Encounter Type: Clinic**

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

*Last Modified: 10/4/2025 3:41 AM*

## Reason for Visit

RGY - EMBASSY OF JAPAN

## Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

*Author: Hernandez, Jocelyn Samantha, MedStar GUH Neurology at Beverly Rd*

*Last Modified: 07/7/2025 2:20 PM*

Substance	Criticality	Severity	Reaction	Reaction Severity	Status
Pollen <i>Author: Eith, Jeremy M, MedStar Medical Group Primary Care at Lafayette Centre</i> <i>Last Modified: 08/27/2025 1:56 PM</i>			eye irritation sneezing throat irritation		Active

## Treatment Plan

### Future Scheduled Tests

Radiology:

US Breast Complete Bilateral 8/19/25

*Author: Eith, Jeremy M, MedStar Health*

*Last Modified: 08/19/2025 8:04 PM*

US Transvaginal 8/19/25

*Author: Eith, Jeremy M, MedStar Health*

*Last Modified: 08/19/2025 8:04 PM*

## Immunizations

No data available for this section

## Medications

<b>drospirenone-ethinyl estradiol (Yaz 3 mg-0.02 mg oral tablet)</b> Status: Ordered Start Date: 11/8/24 1 Tablet(s) By Mouth every day. start first tablet today. Refills: 4. Ordering provider: Buek, MD, John David <i>Author: Buek, John David, MedStar WHC OB/GYN at Lafayette Centre</i> <i>Last Modified: 11/8/2024 2:18 PM</i>	<b>CVS/pharmacy #5674</b> 3700 Newark St NW Washington, DC 200163036
<b>ethinyl estradiol-norethindrone (Junel Fe 1 mg-20 mcg oral tablet)</b> Status: Ordered Start Date: 10/9/25 1 Tablet(s) By Mouth every day. Refills: 3. Ordering provider: Quiett, MD, Valencia M. <i>Author: Quiett, Valencia M., MedStar WHC OB/GYN at Lafayette Centre</i> <i>Last Modified: 10/9/2025 7:19 PM</i>	<b>CVS/pharmacy #1347</b> 6 Dupont Cir NW Washington, DC 200361108
<b>naproxen (naproxen sodium 550 mg oral tablet)</b> Status: Ordered Start Date: 8/27/25 1 Tablet(s) By Mouth 2 times a day as needed migraine. can take with caffeinated beverage. Refills: 1. Ordering provider: Schreiber, PA-C, Lisa Marlene <i>Author: Schreiber, Lisa Marlene, MedStar NRN Physiatry at Lafayette Centre</i> <i>Last Modified: 08/27/2025 2:27 PM</i>	<b>CVS/pharmacy #1347</b> 6 Dupont Cir NW Washington, DC 200361108
<b>drospirenone-ethinyl estradiol (Yaz 3 mg-0.02 mg oral tablet)</b> Status: Completed Start Date: 8/22/24 Stop Date: 11/8/24 1 Tablet(s) By Mouth every day. Refills: 4. Ordering provider: Buek, MD, John David <i>Author: Buek, John David, MedStar WHC OB/GYN at Lafayette Centre</i> <i>Last Modified: 11/8/2024 2:18 PM</i>	<b>CVS/pharmacy #5674</b> 3700 Newark St NW Washington, DC 200163036
<b>mupirocin topical (mupirocin 2% topical ointment)</b> Status: Completed Start Date: 6/7/24 Stop Date: 6/17/24 1 Application Topical 2 times a day for 10 Day(s). Refills: 0. Ordering provider: Russo, MD, Mark E. <i>Author: MedStar Medical Group Ear Nose and Throat at Lafayette MACC</i> <i>Last Modified: 06/17/2024 3:46 PM</i>	<b>CVS/pharmacy #5674</b> 3700 Newark St NW Washington, DC 200163036
<b>naproxen (naproxen sodium 550 mg oral tablet)</b> Status: Discontinued Start Date: 7/7/25 Stop Date: 8/27/25 1 Tablet(s) By Mouth 2 times a day as needed migraine. can take with caffeinated beverage. Refills: 1. Ordering provider: Schreiber, PA-C, Lisa Marlene <i>Author: Schreiber, Lisa Marlene, MedStar GUH Neurology at Beverly Rd</i> <i>Last Modified: 08/27/2025 2:27 PM</i>	<b>CVS/pharmacy #1347</b> 6 Dupont Cir NW Washington, DC 200361108

<b>acetaminophen (Tylenol)</b> Status: Voided Start Date: 6/7/24 Stop Date: 7/7/25 By Mouth. Author: Hernandez, Jocelyn Samantha, MedStar Medical Group Ear Nose and Throat at Lafayette MACC Last Modified: 07/7/2025 1:22 PM	
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Problem List

Condition	Confirmation	Course	Effective Dates	Status	Health Status	Informant
Migraine with aura Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 1:56 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 1:56 PM		
Prolonged aura migraine Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:03 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:03 PM		
Numbness Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:02 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:02 PM		

Procedures

No data available for this section

Results

No data available for this section

Vital Signs

No data available for this section

Social History

Social History Type	Response
Tobacco/Nicotine	Use: Past. Author: Brown, Marquita Chauntice Last Modified: 05/27/2024 12:36 PM
Birth Sex Author: MedStar Health Last Modified: 11/5/2025 3:53 PM	Female

Social History Type	Response
Sex Representation <i>Author: MedStar Health</i> <i>Last Modified: 11/5/2025 3:53 PM</i>	Female (finding)

Goals

No data available for this section

Hospital Discharge Instructions

No data available for this section

Reason for Referral

No data available for this section

Health Concerns

No data available for this section

Implantable Device List

No data available for this section

Clinical Note

No data available for this section

Patient Care team information

Care Team Personnel

Name: Garcia, Gladys  
Position: Ambulatory: Clinic Staff Co-sign Preg  
Member Role: Diabetic Educator (Lifetime)

*Author: Garcia, Gladys, MedStar Health*  
*Last Modified: 11/5/2025 4:01 PM*

Care Team Related Persons

Name: LEE, JONG HYUN  
*Author: MedStar Health*  
*Last Modified: 05/2/2025 10:48 AM*

Name: LEE, JONG HYUN HYUN  
*Author: MedStar Health*  
*Last Modified: 05/2/2025 10:48 AM*

Name: LEE, JONG HYUN HYUN HYUN  
*Author: MedStar Health*  
*Last Modified: 05/2/2025 10:48 AM*

Name: LEE, JONG HYUN HYUN HYUN HYUN

Author: MedStar Health

Last Modified: 05/2/2025 10:48 AM

## Family History

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No data available for this section

## Insurance Providers

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Guarantor name: NA

Health Plan Information #: 1

Payer: AETNA OPEN

Payer Identifier: NA

Member Number: 904150909

Group Number: NA

Subscriber Identifier: 904150909

Relationship to Subscriber: self

Coverage Type: HMO

Coverage Verification Date: NA

Telecom: NA

Address: NA