



MedStar Health

**MedStar Medical Group Primary Care at Lafayette Centre**

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

Patient: **YOSHIMOTO, AYAE**

MRN: MPP-000007764936

FIN: MPP-60073154902

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

Female

Date of Service: 8/27/2025

Attending Provider: Horan,MD,Merlene V.

***Patient Viewable Documents***

DOCUMENT NAME:

RAD Order Requisition

PERFORM INFORMATION:

RESULT STATUS:

Auth (Verified)

SERVICE DATE/TIME:

8/19/2025 00:00 EDT

SIGN INFORMATION:

**RADORDREQ-31621158187.PDF**

Please Click On Link to see attachment

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**Report Request ID:**

825624643

**Print Date/Time:**

11/26/2025 06:05

EST

Page 1 of 2

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

MEDICAL RECORD NUMBER  
**M PP-000007764936**EMPI NUMBER  
**050804262**PATIENT ACCOUNT NUMBER  
**M PP-60073154902**

MedStar Medical Group Primary Care 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:	JAPANESE EMBASSY	AGE:	30 Years
ENCOUNTER TYPE:	Clinic	HGT/WT:	155 cm/43.8 kg
ISOLATION STATUS:		SEX:	Female
VISIT DATE:	08/27/25	Lab Name:	<b>MMG PC at Lafayette Centre</b>
CLINIC:	<b>MMG PC at Lafayette Centre</b>	Lab Acct #:	<b>3548.00</b>

ALLERGIES: **No Known Medication Allergies**

<b>Primary Insurance:</b>	<b>Secondary Insurance:</b>
Company:	Company:
Group#:	Group#:
Member#:	Member#:
Guarantor:	Guarantor:

**ORDER: US Breast Complete Bilateral**ORDER DATE/TIME: **08/19/25 16:03**ORDERING MD: **Schreiber, PA-C, Lisa Marlene**NPI: **1396875399**ENTERED BY: **Eith, Jeremy Morry**CRITICAL RESULTS  
CONTACT #: **2024162000****CC PROVIDER:**ORDER NUMBER: **31621158187.00**

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: **Other (Specify)**Clinical History: **EOJ PHYSICAL****Special Instructions:**Performing Location: **MRN Lafayette II**Scheduling Phone Number: **202-748-8830**Schedule Appointment by: **08/19/2025**Priority: **Routine**

May Modify per Radiology Protocol: Yes

AUC Order Adherence Mod:

Qualified CDSM Utilized:

Authorizing Signature (electronic): **Schreiber, PA-C, Lisa Marlene**Date/Time: **08/19/25 16:03**