



40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

**Patient Name:** Cindy Maynard  
**Height:**

**MRN #:** 2797  
**Weight:**

**Birth Year:**  
**Hypertension:** S1

### Blood Pressure Averages

#### Blood Pressure Averages::Weekly

Week	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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#### Blood Pressure Averages:: Monthly

Month-Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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#### Blood Pressure Averages:: Quaterly

Quarter-Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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### Blood Pressure Averages:: Yearly

Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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### Blood Sugar Averages

Week	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022-06-02	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Month-Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Quarter-Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

### Problem List

Code	Name	Code System Name
	Other specified symptoms and signs involving the circulatory and respiratory systems	
400047006	Peripheral vascular disease	400047006
34713006	Vitamin D deficiency	34713006

3716002	Goiter	3716002
710815001	Long-term current use of insulin	710815001
444073006	Type 1 diabetes mellitus uncontrolled	444073006
40930008	Hypothyroidism	40930008
1201005	Benign essential hypertension	1201005
302866003	Hypoglycemia	302866003

## All Time Spent

Month	Time
1	0
2	0
3	0
4	0
5	0
6	0

## Chat

Sender	Receiver	Messege	Date&Time
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