



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

**Patient Name:** Kristina Doi  
**Height:**

**MRN #:** 939  
**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
237503005	Borderline thyrotoxicosis	237503005
57643001	Peptic reflux disease	57643001
15188001	Hearing loss	15188001

14302001	Amenorrhea	14302001
35489007	Depressive disorder	35489007
110483000	Tobacco user	110483000
55822004	Hyperlipidemia	55822004
21897009	Generalized anxiety disorder	21897009

## 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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