

VUMC Adult Hospital
1211 Medical Center Drive
Nashville TN 37232

Beyer, Elizabeth
MRN: 046405923, DOB: 3/30/1975, Sex: F
Adm: 5/9/2019, D/C: 5/9/2019

05/09/2019 - ED in Vanderbilt Emergency Department

ED Provider Note

ED Provider Notes by Andrew S Johnson, MD, MPH at 5/9/2019 8:07 PM

HPI

Chief Complaint

Patient presents with

- Hypotension

44-year-old female sent here from cardiology clinic due to symptomatic hypotension shortly prior to presentation. This is a 44-year-old female with a prior diagnosis of autonomic orthostatic hypotension for which she is on multiple medications. She recently had admission for bowel ischemia associated with this hypotension for which she is still recovering. Her abdominal discomfort and change in bowel movements has recovered since discharge in the past week however she feels that she may be still mildly dehydrated from that illness. Today she was having orthostatic blood pressure measurements done in the cardiology clinic and when she stood up her systolic blood pressure was between 40 and 50. EMS states on their arrival that her blood pressure systolic was greater than 60. The patient states that she feels now as though she is back at her normal baseline in terms of dictation and her symptoms, such with her hypertension. She states she did feel poorly Y do not orthostatic measurements but similar to prior episodes. She is not having chest pain, fever, focal new abdominal pain or shortness of breath. She denies she is a tobacco alcohol or other illicit drugs. She is here with her husband denies any significant family history of chronic medical conditions.

History provided by: **Medical records, patient and significant other**
Language interpreter used: **No**

Patient History

Past Medical History:

Diagnosis	Date
• Anxiety	
• Autonomic orthostatic hypotension	10/16/2018
<i>Chronic orthostatic hypotension, which is severe and even caused supine hypotension</i>	
• Blurry vision	
• Depression	
• Fatigue	
• Frequency of urination	
• Nocturia	
• Numbness	
• Pacemaker	
• Tremors of nervous system	

History reviewed. No past medical history pertinent negatives.

Past Surgical History:

Procedure	Laterality	Date
• ASD REPAIR		
•		

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

ED Provider Note (continued)

CESAREAN SECTION

- HYSTERECTOMY
- INSERT / REPLACE / REMOVE PACEMAKER

Family History

Problem	Relation	Age of Onset
• Heart disease	Mother	
• Stroke	Mother	
• Arthritis	Mother	
• Heart disease	Father	
• Gastroesophageal Reflux	Father	

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Review of Systems

Review of Systems

Constitutional: Negative for activity change, appetite change, chills, diaphoresis, fatigue, fever and unexpected weight change.

HENT: Negative for congestion, dental problem, drooling, ear discharge, ear pain, facial swelling, hearing loss, mouth sores, nosebleeds, postnasal drip, rhinorrhea, sinus pressure, sinus pain, sneezing, sore throat, tinnitus, trouble swallowing and voice change.

Eyes: Negative for photophobia, pain, discharge, redness, itching and visual disturbance.

Respiratory: Negative for apnea, cough, choking, chest tightness, shortness of breath, wheezing and stridor.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Positive for abdominal pain. Negative for abdominal distention, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain and vomiting.

Endocrine: Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and polyuria.

Genitourinary: Negative for decreased urine volume, difficulty urinating, dyspareunia, dysuria, enuresis, flank pain, frequency, genital sores, hematuria, menstrual problem, pelvic pain, urgency, vaginal bleeding, vaginal discharge and vaginal pain.

Musculoskeletal: Negative for arthralgias, back pain, gait problem, joint swelling, myalgias, neck pain and neck stiffness.

Skin: Negative for color change, pallor, rash and wound.

Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.

Neurological: Positive for light-headedness. Negative for dizziness, tremors, seizures, syncope, facial asymmetry, speech difficulty, weakness, numbness and headaches.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for agitation, behavioral problems, confusion, decreased concentration, dysphoric mood, hallucinations, self-injury, sleep disturbance and suicidal ideas. The patient is not

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

ED Provider Note (continued)

nervous/anxious and is not hyperactive.

Physical Exam

ED Triage Vitals

Temp	Pulse	Resp	BP	SpO2
05/09/19	05/09/19	05/09/19	05/09/19	05/09/19
1748	1715	1715	1715	1748
36.3 °C (97.3 °F)	60	16	84/57	98 %

Temp	Pulse	Patient	BP	FiO2 (%)
src	Source	Position	Location	
05/09/19	--	05/09/19	05/09/19	--
1748		1748	1748	
Oral		Sitting	Right arm	

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

Thin female, alert and appropriate in no apparent marked discomfort or acute respiratory distress
HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: Skin is warm and dry. Capillary refill takes less than 2 seconds.

Psychiatric: She has a normal mood and affect.

Nursing note and vitals reviewed.

Medications

lactated Ringer's bolus 2,000 mL (0 mL intravenous Stopped
5/9/19 2001)

ED Course & MDM

Labs Reviewed

Printed on 10/2/19 11:01 AM

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)**ED Provider Note (continued)****CBC W/ DIFFERENTIAL - Abnormal**

Result	Value
White Blood Cells	7.9
Red Blood Cells	3.35 (*)
Hemoglobin	10.2 (*)
Hematocrit	32 (*)
Mean Cell Volume	95
Mean Cell Hemoglobin	30.4
Mean Cell Hemoglobin Concentration	32.2
RDW SD	45.2
RDW CV	13.0
Platelet	531 (*)
Mean Platelet Volume	10.2
Nucleated RBC	0
Nucleated RBC Abs	0.00
Auto Neutrophil Absolute	4.69

BMP - Abnormal

Sodium Level	138
Potassium Level	4.8
Chloride Level	101
Carbon Dioxide	24
Glucose Level	91
Blood Urea Nitrogen	16
Creatinine Level	1.60 (*)
Calcium Level Total	9.7
Anion Gap	13

AUTO DIFF - Abnormal

Neutrophils	59.5
Absolute Neutrophils	4.69
Lymphs	29.2
Absolute Lymphocytes	2.30
Monocytes	7.0
Absolute Monocytes	0.55
Eosinophils	3.3
Absolute Eosinophils	0.26
Basophils	0.5
Absolute Basophils	0.04
Imm Gran Automated	0.5
Absolute Imm Gran Automated	0.04 (*)

EGFR/EGFRAA

eGFR	35
eGFRAA	42

No orders to display

Patient had gradual improvement in her blood pressure without fever or tachycardia. Serial cardiovascular examinations were stable and normal. She felt improved and as though she had returned to her baseline at time of discharge. I discussed the clinical findings with the patient and her husband and they agreed with continue oral rehydration for mild AKI and dehydration on her labs. Precautions were given prior to discharge.

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

ED Provider Note (continued)

MDM

Amount And/Or Complexity of Data Reviewed

Amount And/Or Complexity of Data Reviewed:

I have reviewed and summarized the outside and previous medical records: **Yes**

Summary of outside/previous records: I have reviewed and summarized the outside and previous medical records and they showed **Reviewed prior visits and admission for complications associated with her autonomic dysfunction**

I have reviewed and interpreted the ECG: **Ordered and Reviewed**

I have reviewed the clinical lab tests: **Ordered and Reviewed**

Discuss test results with patient: **Yes**

MDM Free Text: **Patient with symptomatic hypotension with orthostatic position change c/w prior episodes and known history of autonomic dysfunction. Patient likely relatively hypovolemic from recent GI illness without signs on exam of focal intraabdominal infection or obstruction. Will begin IV fluid resuscitation while monitoring and check for AKI, dehydration, electrolyte abnormality and anemia. If labs are reassuring and patient has good response to IV fluids, will plan on outpatient follow-up. The patient and her husband agree with this plan.**

Final diagnoses:

Hypotension, unspecified hypotension type (Primary)
Lightheadedness

Andrew S Johnson, MD, MPH
05/10/19 1456

Electronically signed by Andrew S Johnson, MD, MPH at 5/10/2019 2:56 PM

Labs

CBC w/ Differential (Completed)

Electronically signed by: **Dwayne D'Souza, MD on 05/09/19 1725**

Status: **Completed**

Ordering user: Dwayne D'Souza, MD 05/09/19 1725

Ordering provider: Dwayne D'Souza, MD

Authorized by: Matthew David Lipton, MD

Ordering mode: Standard

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Dwayne D'Souza, MD (auto-released)
5/9/2019 5:25 PM

Specimen Information

ID	Type	Source	Collected By
19-129-008298	Blood	—	Alyssa Grimes, RN 05/09/19 1754

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

Labs (continued)

CBC w/ Differential (Abnormal)

Resulted: 05/09/19 1828, Result status: Final result

Ordering provider: Dwayne D'Souza, MD 05/09/19 1725

Order status: Completed

Filed by: Interface, Lab Results In 05/09/19 1828

Collected by: Alyssa Grimes, RN 05/09/19 1754

Resulting lab: VUMC CERNER LAB

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cells	7.9	3.9 - 10.7 x10(3)/mcL	—	Cerner
Red Blood Cells	3.35	4.00 - 5.50 x10(6)/mcL	L	Cerner
Hemoglobin	10.2	11.8 - 16.0 gm/dL	L	Cerner
Hematocrit	32	36 - 43 %	L	Cerner
Mean Cell Volume	95	81 - 98 fL	—	Cerner
Mean Cell Hemoglobin	30.4	27.0 - 32.0 pg	—	Cerner
Mean Cell Hemoglobin Concentration	32.2	31.0 - 35.0 gm/dL	—	Cerner
RDW SD	45.2	37.4 - 52.4 fL	—	Cerner
RDW CV	13.0	11.1 - 14.3 %	—	Cerner
Platelet	531	135 - 371 x10(3)/mcL	H	Cerner
Mean Platelet Volume	10.2	9.3 - 12.8 fL	—	Cerner
Nucleated RBC	0	/100 WBC	—	Cerner
Nucleated RBC Abs	0.00	x10(3)/mcL	—	Cerner
Auto Neutrophil Absolute	4.69	1.60 - 8.10 x10(3)/mcL	—	Cerner

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
123 - Cerner	VUMC CERNER LAB	Adam Seegmiller	4605 TVC VUMC 1301 Medical Center Drive NASHVILLE TN 37232- 5310	07/15/16 1006 - Present

BMP (Completed)

Electronically signed by: Dwayne D'Souza, MD on 05/09/19 1725

Status: Completed

Ordering user: Dwayne D'Souza, MD 05/09/19 1725

Ordering provider: Dwayne D'Souza, MD

Authorized by: Matthew David Lipton, MD

Ordering mode: Standard

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Dwayne D'Souza, MD (auto-released)
5/9/2019 5:25 PM

Specimen Information

ID	Type	Source	Collected By
19-129-008299	Blood	—	Alyssa Grimes, RN 05/09/19 1754

BMP (Abnormal)

Resulted: 05/09/19 1844, Result status: Final result

Ordering provider: Dwayne D'Souza, MD 05/09/19 1725

Order status: Completed

Filed by: Interface, Lab Results In 05/09/19 1844

Collected by: Alyssa Grimes, RN 05/09/19 1754

Resulting lab: VUMC CERNER LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium Level	138	136 - 144 mmol/L	—	Cerner
Potassium Level	4.8	3.3 - 4.8 mmol/L	—	Cerner
Comment: Serum Potassium Reference Range = 3.5-5.1 mmol/L				
Chloride Level	101	98 - 107 mmol/L	—	Cerner

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

Labs (continued)

Carbon Dioxide	24	21 - 29 mmol/L	—	Cerner
Glucose Level	91	70 - 99 mg/dL	—	Cerner
Blood Urea Nitrogen	16	7 - 21 mg/dL	—	Cerner
Creatinine Level	1.60	0.57 - 1.11 mg/dL	H	Cerner
Calcium Level Total	9.7	8.4 - 10.5 mg/dL	—	Cerner
Anion Gap	13	—	—	Cerner

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
123 - Cerner	VUMC CERNER LAB	Adam Seegmiller	4605 TVC VUMC 1301 Medical Center Drive NASHVILLE TN 37232- 5310	07/15/16 1006 - Present

Auto Diff (Completed)

Status: Completed

Order placed as a reflex to CBC w/ Differential ordered on 05/09/19 at 1725

Ordering user: Interface, Lab Results In 05/09/19 1754

Ordering provider: Dwayne D'Souza, MD

Authorized by: Dwayne D'Souza, MD

Ordering mode: Standard

Class: Unit Collect

Quantity: 1

Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
19-129-008298	Blood	—	SDE 05/09/19 1754

Auto Diff (Abnormal)

Resulted: 05/09/19 1828, Result status: Final result

Ordering provider: Dwayne D'Souza, MD 05/09/19 1754

Order status: Completed

Filed by: Interface, Lab Results In 05/09/19 1828

Collected by: SDE 05/09/19 1754

Resulting lab: VUMC CERNER LAB

Components

Component	Value	Reference Range	Flag	Lab
Neutrophils	59.5	%	—	Cerner
Comment: Per CAP, reference ranges should not be reported for percent cell counts when reporting reference ranges for absolute number counts to prevent misinterpretation of WBC differential data.				
Absolute Neutrophils	4.69	1.60 - 8.10 x10(3)/mcL	—	Cerner
Lymphs	29.2	%	—	Cerner
Comment: Per CAP, reference ranges should not be reported for percent cell counts when reporting reference ranges for absolute number counts to prevent misinterpretation of WBC differential data.				
Absolute Lymphocytes	2.30	1.10 - 3.50 x10(3)/mcL	—	Cerner
Monocytes	7.0	%	—	Cerner
Comment: Per CAP, reference ranges should not be reported for percent cell counts when reporting reference ranges for absolute number counts to prevent misinterpretation of WBC differential data.				
Absolute Monocytes	0.55	0.30 - 1.10 x10(3)/mcL	—	Cerner

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

Labs (continued)

Eosinophils	3.3	%	—	Cerner
Comment: Per CAP, reference ranges should not be reported for percent cell counts when reporting reference ranges for absolute number counts to prevent misinterpretation of WBC differential data.				
Absolute Eosinophils	0.26	0.00 - 0.50 x10(3)/mcL	—	Cerner
Basophils	0.5	%	—	Cerner
Comment: Per CAP, reference ranges should not be reported for percent cell counts when reporting reference ranges for absolute number counts to prevent misinterpretation of WBC differential data.				
Absolute Basophils	0.04	0.01 - 0.08 x10(3)/mcL	—	Cerner
Imm Gran Automated	0.5	%	—	Cerner
Absolute Imm Gran Automated	0.04	0.00 - 0.03 x10(3)/mcL	H	Cerner

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
123 - Cerner	VUMC CERNER LAB	Adam Seegmiller	4605 TVC VUMC 1301 Medical Center Drive NASHVILLE TN 37232- 5310	07/15/16 1006 - Present

eGFR/eGFRAA (Completed)

Status: Completed

Order placed as a reflex to BMP ordered on 05/09/19 at 1725
Ordering user: Interface, Lab Results In 05/09/19 1726
Authorized by: Dwayne D'Souza, MD
Class: Unit Collect
Lab status: Final result

Ordering provider: Dwayne D'Souza, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/9/2019 6:44 PM

Specimen Information

ID	Type	Source	Collected By
19-129-008299	Blood	—	SDE 05/09/19 1754

eGFR/eGFRAA

Resulted: 05/09/19 1844, Result status: Final result

Ordering provider: Dwayne D'Souza, MD 05/09/19 1726
Filed by: Interface, Lab Results In 05/09/19 1844
Resulting lab: VUMC ESB

Order status: Completed
Collected by: SDE 05/09/19 1754

Components

Component	Value	Reference Range	Flag	Lab
eGFR	35	ml/min/1.73 m2	—	200
Comment: Estimated glomerular filtration rate (eGFR) and estimated GFR African American (eGRFAA) are calculated using the IDMS MDRD equation which is recommended for use in normal healthy individuals 18-70 years of age and has not been validated in other populations. See eGFR in the LabVU Test Directory for additional information.				
eGFRAA	42	ml/min/1.73 m2	—	200
Comment: Estimated glomerular filtration rate (eGFR) and estimated GFR African American (eGRFAA) are calculated using the IDMS MDRD equation which is recommended for use in normal healthy individuals 18-70 years of age and has not been validated in other populations. See eGFR in the LabVU Test Directory for additional information.				

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05/09/2019 - ED in Vanderbilt Emergency Department (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
200 - Unknown	VUMC ESB	Unknown	Unknown	06/23/17 1009 - Present

VUMC Adult Hospital
1211 Medical Center Drive
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Beyer, Elizabeth
MRN: 046405923, DOB: 3/30/1975, Sex: F
Visit date: 5/9/2019

05/09/2019 - Follow-Up in Vanderbilt Heart**Outpatient Visit Notes**

Progress Notes by Cyndya Adriana Shibao Miyasato, MD at 5/9/2019 3:30 PM

Autonomic Clinic Note
Follow up

DATE OF SERVICE: 5/9/2019

PATIENT: Elizabeth Beyer
DOB: 3/30/1975
MRN: 046405923

Subjective
Follow up Clinic Visit:

History of Previous Illness:

Elizabeth Beyer is a 44 y.o. female with a history of severe autonomic failure here today for follow up. This patient has complete norepinephrine deficit, supine hypotension and orthostatic hypotension. She was genetically tested for DBH def, and CHRNA3 def

Interval history:

The patient reported a recent admission to the hospital for ischemic colitis. She required cardiac resuscitation for severe hypotension. She is here for follow up. She is awake and alert, she reported that few days ago had episodes of diarrhea But is drinking gatorade.

Problem List:
Problem List

Nervous

Ptosis of both eyelids

Orthostatic hypotension dysautonomic syndrome (CMS/HCC)

Circulatory

Autonomic orthostatic hypotension

Overview Signed 10/16/2018 10:30 AM by Cyndya Adriana Shibao, MD

Chronic orthostatic hypotension, which is severe and even caused supine hypotension

Allergies:

Patient has no known allergies.

Medications:

Outpatient Encounter Medications as of 5/9/2019

Medication	Sig
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05/09/2019 - Follow-Up in Vanderbilt Heart (continued)

Outpatient Visit Notes (continued)

- aspirin 81 mg enteric coated tablet Take 81 mg by mouth daily.
- clonazepam (Klonopin) 2 mg tablet Take 2 mg by mouth daily.
- droxidopa (NORTHERA) 300 mg capsule Take 300 mg by mouth 3 (three) times a day.
- esomeprazole (Nexium) 40 mg capsule Take 40 mg by mouth as needed.
- fluoxetine (Prozac) 40 mg capsule Take 40 mg by mouth daily.
- gabapentin (Neurontin) 300 mg capsule Take 300 mg by mouth 3 (three) times a day.
- loperamide (Imodium) 2 mg capsule Take 2 mg by mouth as needed.
- metronidazole (Flagyl) 500 mg tablet Take 500 mg by mouth every 8 (eight) hours.
- midodrine (Proamatine) 5 mg tablet TAKE 1 TABLET BY MOUTH THREE TIMES DAILY BEFORE MEALS
- ondansetron (Zofran) 4 mg tablet Take 4 mg by mouth as needed for nausea or vomiting.
- fludrocortisone (Florinef) 0.1 mg tablet Take 1 tablet (0.1 mg total) by mouth daily. (Patient not taking: Reported on 5/9/2019)
- YOHIMBINE HCL, BULK, MISC
- [DISCONTINUED] midodrine (Proamatine) 10 mg tablet Take 1 tablet (10 mg total) by mouth 3 (three) times a day before meals for 2 days.

No facility-administered encounter medications on file as of 5/9/2019.

Family History:

Family History

Problem	Relation	Age of Onset
• Heart disease	Mother	
• Stroke	Mother	
• Arthritis	Mother	
• Heart disease	Father	
• Gastroesophageal Reflux	Father	

Social History:

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity - worry: Not on file

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05/09/2019 - Follow-Up in Vanderbilt Heart (continued)

Outpatient Visit Notes (continued)

- Food insecurity - inability: Not on file
- Transportation needs - medical: Not on file
- Transportation needs - non-medical: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Defer

Other Topics

- Not on file

Social History Narrative

- Not on file

Objective

Physical Exam:

Vital Signs:

Ht 157.5 cm (62") | Wt 45.1 kg (99 lb 6.4 oz) | BMI 18.18 kg/m²

Orthostatic blood pressures and heart rates were obtained after lying supine for 10 minutes.

BP Method:Automatic	Cuff Size:10 - Small Adult	Extremity:Left arm
---------------------	----------------------------	--------------------

Condition	BP	HR	Symptoms
Lying	(!) 88/55	60 bpm	None
Standing 0 Min	(!) 48/26	78 bpm	Dizzy
Standing 2 Min	(!) 47/33	61 bpm	Dizzy
Standing 4 Min	(!) 49/22	62 bpm	Dizzy
Standing 6 Min			
Standing 8 Min			
Standing 10 Min			

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

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05/09/2019 - Follow-Up in Vanderbilt Heart (continued)

Outpatient Visit Notes (continued)

Eyes: Pupils are equal, round, and reactive to light. EOM are normal.

Neck: Normal range of motion.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm.

Assessment and Plan:

Assessment

Orthostatic hypotension dysautonomic syndrome (CMS/HCC)

Patient with severe hypotension and orthostatic hypotension with BP~50.

She is awake, alert, able to sit up and answer questions. She always have hypotension but this is acute on chronic. I asked the patient to go to the ER to receive IV fluids, she needs to continue with her droxidopa 300 mg tid, increase midodrine 5 mg tid, and would start atomoxetine 18 mg twice a day.

Return to Clinic: prn

I have spent 60 minutes face-to-face the patient and/or family performing physical, examination, and counseling about diagnosis and treatment of orthostatic hypotension

CYNDYA ADRIANA SHIBAO, MD

Electronically signed by Cyndya Adriana Shibao Miyasato, MD at 5/9/2019 4:54 PM