

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

Dr. BIGGERS, JONATHAN WOODRUFF
11814 King William Rd
Aylett, VA, 230094103

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BIGGERS, JONATHAN WOODRUFF
11814 King William Rd
Aylett, VA, 230094103

c/o Focus Care
500 West Cummings Park, Suite 2700
Woburn, MA 01801

11/24/2022

Dear BIGGERS,

Re: Patient MYRTLE FOSTER, DOB: 02/10/1950

Recently, one of your patients had a health visit with Focus Care. The visit was authorized by Virginia Premier Health, your patient's health insurance plan.

The attached document is a copy of the laboratory test results from their visit with Focus Care. We hope the information from these test results will be valuable and support you in your role as a primary care provider.

If you have any questions, please call 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly" with a stylized flourish at the end.

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: MYRTLE A FOSTER	Age	: 72
Date of Birth	: 1950-02-10	Member ID	: 11000135
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-25 12:23 PM
Gender	: Female	Address	: 2811 INDIAN NECK ROAD,TAPPAHANNOCK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042461784,
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	72	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANTOPRAZOLE	40MG	Select	Select		
	ALLOPURINOL	100MG	Select	Select		
	DOXAZOSIN	4MG	Select	Select		
	HYDRALAZINE	25MG	Select	Select		
	LABETALOL	300MG	Select	Select		
	TRUE	GLUCOSE	Select	Select		
	FUROSEMIDE	40MG	Select	Select		
	CREON	36000UNT	Select	Select		
	METOPROL	50MG	Select	Select		
	LOSARTAN	25MG	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	VICTOZA	18MG/3ML	Select	Select		
	PRAVASTATIN	40MG	Select	Select		
	VALSARTAN	320MG	Select	Select		
	JANUVIA	50MG	Select	Select		
	GLIPIZIDE	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	ONDANSETRON	4MG ODT	Select	Select		
	PREDNISONE	10MG	Select	Select		
	NOVOFINE	32GX4MM	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

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Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : 3

Number of times in past 12 months been to the Emergency Room : 5

five or more

Number of times in past 12 months stayed overnight in hospital : 2

Two

Number of times in past 12 months been in a nursing home : 1

One

Had Surgery in the last 12 months : 4

Four

Ever been hospitalized prior to the past 12 months: Yes

Described

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BIGGERS, JONATHAN WOODRUFF	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes	2022-04-09	result		
FOBT	Yes	2022-03-25	possw	dia	commen
A1C	Yes	2022-03-23	eul	dia	com
LDL	Yes	2022-04-09	esults	Diagno	coment
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

Preventative Follow up needed

Screenings

None

Social

None

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Disease Management

None

Assessor Comments	
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