

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. BADILLO, LESLIE
205 ROANOKE ST SUITE 801
CHRISTIANSBURG, VA, 240733025

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



BADILLO, LESLIE
205 ROANOKE ST SUITE 801
CHRISTIANSBURG, VA, 240733025

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

12/19/2022

Dear BADILLO,

Re: Patient DONALD DOVE, DOB: 05/03/1952

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", followed by the letters "MMD" in a smaller, blocky font.

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

Patient Assessment Summary

Name	: DONALD R DOVE	Age	: 70
Date of Birth	: 1952-05-03	Member ID	: 11000287
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-17 02:40 PM
Gender	: Male	Address	: 6166 BELSPRING RD,RADFORD,VA
Lob	: DSNP	Marital Status	:
Email	: dharani.r@nuageedtech.com	Phone	: 5406331936,
Primary Language	: English	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PREDNISONE	TAB 20MG	Select	Select		
	AZITHROMYCIN	TAB 250MG	Select	Select		
	JARDIANCE	TAB 25MG	Select	Select		
	METFORMIN	TAB 1000MG	Select	Select		
	BUPROPION	TAB 150MG SR	Select	Select		
	AMLODIPINE	TAB 5MG	Select	Select		
	LOSARTAN	TAB 100MG	Select	Select		
	BYDUREON	INJ 2/0.85ML	Select	Select		
	ATORVASTATIN	TAB 80MG	Select	Select		
	ROSUVASTATIN	TAB 40MG	Select	Select		
	HYDROCO/APAP	TAB 5-325MG	Select	Select		
	TAMSULOSIN	CAP 0.4MG	Select	Select		
	TRAZODONE	TAB 50MG	Select	Select		
	DEXAMETHASON	TAB 4MG	Select	Select		
	METOPROL	TAB 50MG ER	Select	Select		
	ZOLPIDEM	TAB 5MG	Select	Select		
	FUROSEMIDE	TAB 20MG	Select	Select		
	OXYCOD/APAP	TAB 5-325MG	Select	Select		
	IBUPROFEN	TAB 800MG	Select	Select		
	PIOGLITAZONE	TAB 45MG	Select	Select		
	FLUOXETINE	CAP 10MG	Select	Select		
	ALBUTEROL	FAT E	Select	Select		
	BUDES/FORMOT	AER 80-4.5	Select	Select		
	CIPROFLOXACIN	TAB 500MG	Select	Select		
	FLUCONAZOLE	TAB 200MG	Select	Select		
	CLOTRIMAZOLE	TRO 10MG	Select	Select		
	FLUZONE	INJ PF 19-20	Select	Select		

Patient Assessment Summary

Name	: DONALD R DOVE	Age	: 70
Date of Birth	: 1952-05-03	Member ID	: 11000287
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-17 02:40 PM
Gender	: Male	Address	: 6166 BELSPRING RD,RADFORD,VA
Lob	: DSNP	Marital Status	:
Email	: dharani.r@nuageedtech.com	Phone	: 5406331936,
Primary Language	: English	Race	: Caucasian

	BOOSTRIX	INJ	Select	Select		
--	----------	-----	--------	--------	--	--

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive Devices and DME

Walker, Bed Pan

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP :

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

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

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

Had Surgery in the last 12 months :

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BADILLO, LESLIE	

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		sdefone		
FOBT	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

Patient Assessment Summary

Name

: DONALD R DOVE

Age

: 70

Date of Birth

: 1952-05-03

Member ID

: 11000287

Evaluator Name

: test clinicianFE, FNP

Date

: 2022-8-17 02:40 PM

Gender

: Male

Address

: 6166 BELSPRING RD,RADFORD,VA

Lob

: DSNP

Marital Status

:

Email

: dharani.r@nuageedtech.com

Phone

: 5406331936,

Primary Language

: English

Race

: Caucasian

None

Social

Declines discussion at this time	declines discussion
Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

Disease Management

None

Assessor Comments	
-------------------	--