

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BROCHERO, ALFONSO D  
2900 LAMB CIRCLE  
CHRISTIANSBURG, VA, 240736344

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**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.



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2900 LAMB CIRCLE  
CHRISTIANSBURG, VA, 240736344

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

2022-04-25

Dear BROCHERO

Re: Patient undefined undefined, DOB:

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 a stylized flourish.

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

# Patient Assessment Summary

Name	: APRIL TAYLOR	Age	: 60
Date of Birth	: 1961-05-08	Member ID	: 11000384
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-15 01:01 PM
Gender	: Female	Address	: 3941 FANCY GAP HIGHWAY,HILLSVILLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 2767305324,
Primary Language	:	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive 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 :

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	BROCHERO, ALFONSO D	

## 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
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MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed  
Screenings

None

Social

None

Disease Management

None

Assessor Comments	
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