

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HABIB, SAIMA Z
417 N 11th St
Richmond, VA, 232985002

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HABIB, SAIMA Z
417 N 11th St
Richmond, VA, 232985002

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

05/18/2022

Dear HABIB,

Re: Patient BARBARA SMALL, DOB:09/13/1996

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 "M.D." in a smaller font.

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

Patient Assessment Summary

Name	: BARBARA L SMALL	Age	: 25
Date of Birth	: 1996-09-13	Member ID	: 11000493
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-28 09:49 AM
Gender	: Female	Address	: 12787 BOOKER T WASHINGTON HWY STE 1,RICHMOND,VA
Lob	: DSNP	Marital Status	: Widowed
Email	: abc@gmail.com	Phone	: 8042295883, 23333
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	25	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	DICLOFENAC	1%	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	HYDROCHLOROT	12.5MG	Select	Select		
	CARVEDILOL	12.5MG	Select	Select		
	LATANOPROST	0.01%	Select	Select		
	LEFLUNOMIDE	20MG	Select	Select		
	HYDROXYCHLOR	200MG	Select	Select		
	LOSARTAN	50MG	Select	Select		
	OLMESA	20MG	Select	Select		
	TIMOLOL	0.25% OP	Select	Select		
	FLUTICASONE	50MCG	Select	Select		
	OSELTAMIVIR	75MG	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

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 :

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Primary Language	:	Race	: African American

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	HABIB, SAIMA Z	

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	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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