

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. POWERS, DAVID C  
200 E 5th St  
Chase City, VA, 239241456

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POWERS, DAVID C  
200 E 5th St  
Chase City, VA, 239241456

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

05/23/2022

Dear POWERS,

Re: Patient WILLIAM DANIEL JR, DOB:08/04/1987

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 M.D.", with a stylized flourish at the end.

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

# Patient Assessment Summary

Name : WILLIAM E DANIEL JR  
 Date of Birth : 1987-08-04  
 Evaluator Name : test clinicianFE, FNP  
 Gender : Male  
 Lob : DSNP  
 Email :  
 Primary Language :

Age : 34  
 Member ID : 11000494  
 Date : 2022-5-22 09:50 AM  
 Address : 374 OLO ROAD,DUNDAS,VA  
 Marital Status :  
 Phone : 4346763487,  
 Race : Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	34	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	BACLOFEN	10MG	Select	Select		
	ATENOLOL	50MG	Select	Select		
	CLOPIDOGREL	75MG	Select	Select		
	DIVALPROEX	500MG DR	Select	Select		
	ROSUVASTATIN	40MG	Select	Select		
	GLIPIZIDE	5MG	Select	Select		
	VENLAFAXINE	75MG ER	Select	Select		
	CARBAMAZEPIN	400MG ER	Select	Select		
	NITROFUR	50MG	Select	Select		
	LISINOPRIL	10MG	Select	Select		
	METFORMIN	500MG	Select	Select		
	TAMSULOSIN	0.4MG	Select	Select		
	FREESTYLE MIS READER	READER	Select	Select		
	PRAMIPEXOLE	0.5MG	Select	Select		
	FREESTYLE KIT SENSOR	SENSOR	Select	Select		
	LEVOTHYROXIN	150MCG	Select	Select		
	CEFDINIR	300MG	Select	Select		
	GABAPENTIN	100MG	Select	Select		
	METRONIDAZOL	250MG	Select	Select		
	SELENIUM	2.50%	Select	Select		
	CEPHALEXIN	500MG	Select	Select		
	KETOCONAZOLE	2%	Select	Select		
	NYSTATIN	100000	Select	Select		
	CLOBETASOL	0.05%	Select	Select		

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Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-22 09:50 AM
Gender	: Male	Address	: 374 OLO ROAD,DUNDAS,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4346763487,
Primary Language	:	Race	: Caucasian

## 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

Once

Do you worry about falling or feeling unsteady when standing or walking

Yes

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

## 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	POWERS, DAVID C	

## 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:

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## Preventative Follow up needed Screenings

None

## Social

None

## Disease Management

None

Assessor Comments	
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