

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SAILOR, JANE P
25 Northridge Ln Ste 1
Lexington, VA, 244503399

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SAILOR, JANE P
25 Northridge Ln Ste 1
Lexington, VA, 244503399

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

07/01/2022

Dear SAILOR,

Re: Patient CURTIS MASON, DOB: 05/03/1998

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	: CURTIS J MASON	Age	: 24
Date of Birth	: 1998-05-03	Member ID	: 11000788
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-31 07:18 PM
Gender	: Male	Address	: 2769 OLD BUENA VISTA RD,BUENA VISTA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402616764,
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Cirrhosis, Colon Polyps, Gastroparesis, GERD, GI Bleed, Inflammatory Bowel Disease, Ulcer Disease

History of

1. Cachexia, Celiac Disease

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	SAILOR, JANE P	

Family History:

None

Patient Assessment Summary

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Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : DSNP
Email :
Primary Language :

Age : 24
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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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