

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. UNKNOWN PROVIDER QNXT PCP  
UNKNOWN ST  
RICHMOND, VA, 23219

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UNKNOWN PROVIDER QNXT PCP  
UNKNOWN ST  
RICHMOND, VA, 23219

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

06/28/2022

Dear ,

Re: Patient BELLE HYLTON, DOB: 10/06/1951

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 : BELLE W HYLTON  
Date of Birth : 1951-10-06  
Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob : DSNP  
Email :  
Primary :  
Language :

Age : 70  
Member ID : 11001015  
Date : 2022-7-14 03:24 PM  
Address : 316 PENN AVE,FLOYD,VA  
Marital Status :  
Phone : 5407453093,  
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

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	UNKNOWN PROVIDER QNXT PCP	

## 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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