

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. DEBOER, SARAH E
719 N 25th St Ste 105
Richmond, VA, 232236539

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DEBOER, SARAH E
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Richmond, VA, 232236539

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

12/01/2022

Dear DEBOER,

Re: Patient ORLANDO ARTIS, DOB: 09/10/1952

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 flourish.

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

Patient Assessment Summary

Name	: ORLANDO M ARTIS	Age	: 70
Date of Birth	: 1952-09-10	Member ID	: 11001056
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 04:57 PM
Gender	: Male	Address	: 3616 CHAMBERLAYNE AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042399091, 8042399097
Primary Language	:	Race	: African American

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

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	DICYCLOMINE	TAB 20MG	Select	Select		
	AMITRIPTYLIN	TAB 25MG	Select	Select		
	PANTOPRAZOLE	TAB 40MG	Select	Select		
	ATORVASTATIN	TAB 40MG	Select	Select		
	FREESTYLE MIS LITE	MIS LITE	Select	Select		
	FREESTYLE TES LITE	TES LITE	Select	Select		
	METOPROL	TAB 50MG	Select	Select		
	JARDIANCE	TAB 25MG	Select	Select		
	IBUPROFEN	TAB 800MG	Select	Select		
	LISINOPRIL	TAB 20MG	Select	Select		
	METFORMIN	TAB 1000MG	Select	Select		
	ENBREL	INJ 50MG/ML	Select	Select		
	CHLORTHALID	TAB 25MG	Select	Select		
	FLUARIX	INJ 2019-20	Select	Select		
	AMOXICILLIN	TAB 500MG	Select	Select		
	SULFASALAZIN	TAB 500MG	Select	Select		
	PREDNISONE	TAB 10MG	Select	Select		
	COLESTIPOL	TAB 1GM	Select	Select		
	METHOTREXATE	TAB 2.5MG	Select	Select		
	CLINDAMYCIN	GEL 0.01	Select	Select		
	ACCU-CHEK	TES AVIVA PL	Select	Select		
	FLUTICASONE	SPR 50MCG	Select	Select		
	TRAMADOL	TAB 50MG	Select	Select		
	PEG-3350	SOL ELECTROL	Select	Select		
	METHYLPRED	TAB 4MG	Select	Select		
	AZELASTINE	SPR 0.001	Select	Select		
	DICLOFENAC	TAB 75MG DR	Select	Select		

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Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assisstive 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	DEBOER, SARAH E	

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	Yes		KXN - Kit shelf life expired, sample cannot be tested.		
A1C	No				
LDL	Yes				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

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None

Social

Member educated on advance care planning	
Declines discussion at this time	

Disease Management

None

Assessor Comments	
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