

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HOFFORD, ROGER
2145 Mount Pleasant Blvd SE
Roanoke, VA, 240143632

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HOFFORD, ROGER
2145 Mount Pleasant Blvd SE
Roanoke, VA, 240143632

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

08/01/2022

Dear HOFFORD,

Re: Patient BRENDAN CORBIN, DOB: 02/05/1946

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 "MMD" in a smaller, more formal script.

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

Patient Assessment Summary

Name	: BRENDAN S CORBIN	Age	: 76
Date of Birth	: 1946-02-05	Member ID	: 11001059
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-27 03:20 PM
Gender	: Female	Address	: 1812 OAK AVE,BUENA VISTA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402611845, 5407849525
Primary Language	: English	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	76	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	HOFFORD, ROGER	

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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Lob : DSNP
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MICROALBUMIN	No				
FOBT	Yes		screening 2		
A1C	No				
LDL	No				
RETINAL EYE EXAM	Yes				
DEXA	Yes			s	
PAD	No				

PHQ 2 Score:

Preventative Follow up needed Screenings

None

Social

Declines discussion at this time	a a ime
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Disease Management

None

Assessor Comments	have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation perfor
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