

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. GREGORY, BRADEN A  
2145 Mount Pleasant Blvd SE  
Roanoke, VA, 240143632

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Roanoke, VA, 240143632

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Woburn, MA 01801

08/11/2022

Dear GREGORY,

Re: Patient PATRICIA BROWN, DOB: 07/12/1963

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".

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

# Patient Assessment Summary

Name	: PATRICIA A BROWN	Age	: 59
Date of Birth	: 1963-07-12	Member ID	: 11001063
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-16 11:18 AM
Gender	: Female	Address	: 820 WESTSIDE BLVD NW,ROANOKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5404006619, 5406826314
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	59	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ATORVASTATIN	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	LISINAPRIL	40MG	Select	Select		
	METFORMIN	1000MG	Select	Select		
	ALLOPURINOL	300MG	Select	Select		
	AMLODIPINE	5MG	Select	Select		
	TIZANIDINE	4MG	Select	Select		
	OXYCODONE	5MG	Select	Select		
	ALBUTEROL	HFA	Select	Select		
	METRONIDAZOL	500MG	Select	Select		
	GLIPIZIDE	10MG	Select	Select		

## 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 : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

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Evaluator Name : test clinicianFE, FNP Date : 2022-7-16 11:18 AM  
Gender : Female Address : 820 WESTSIDE BLVD NW,ROANOKE,VA  
Lob : DSNP Marital Status :  
Email : Phone : 5404006619, 5406826314  
Primary : Race : African American  
Language :

Number of times in past 12 months been in a nursing home : None  
Had Surgery in the last 12 months : None

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	GREGORY, BRADEN A	

## 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:

## Preventative Follow up needed

### Screenings

None

### Social

None

## Disease Management

None

Assessor Comments	
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