

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. OWENS, DIA P  
185 Redwood Ave Ste 102  
Pennington Gap, VA, 242772599

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OWENS, DIA P  
185 Redwood Ave Ste 102  
Pennington Gap, VA, 242772599

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

01/13/2023

Dear OWENS,

Re: Patient MIKKIE TESTER, DOB: 01/08/1963

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", followed by the letters "M.D." in a smaller, less legible script.

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

# Patient Assessment Summary

Name	: MIKKIE TESTER	Age	: 60
Date of Birth	: 1963-01-08	Member ID	: 11001104
Evaluator Name	: Ayush test, heart	Date	: 2022-8-23 05:19 PM
Gender	: Male	Address	: STE 220 930 MAJESTIC AVE,MANIFEST,Condment
Lob	: DSNP	Marital Status	:
Email	: network@gmail.com	Phone	: 707/(67098),
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select		
	Select		Select	Select		

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive 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

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: Yes

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	OWENS, DIA P	

## Family History:

None

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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	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

None

### Social

None

## Disease Management

None

Assessor Comments	
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