

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HARRIS, KATHERINE E
150 Market Ridge Ln
Daleville, VA, 240833258

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



HARRIS, KATHERINE E
150 Market Ridge Ln
Daleville, VA, 240833258

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

08/22/2022

Dear HARRIS,

Re: Patient DWAYNE RUTROUGH, DOB: 06/09/1948

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	: DWAYNE RUTROUGH	Age	: 74
Date of Birth	: 1948-06-09	Member ID	: 11001116
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-31 03:31 PM
Gender	: Male	Address	: 720 BLUE RIDGE AVE,virgina beach,VA
Lob	: DSNP	Marital Status	:
Email	: abc@gmail.com	Phone	: 54053/ 785-67, 5406913453
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	74	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANTOPRAZOLE	TAB 40MG	Select	Select		
	IBUPROFEN	TAB 800MG	Select	Select		
	LEVETIRACETA	TAB 500MG	Select	Select		
	GABAPENTIN	TAB 800MG	Select	Select		
	PHENYTOIN	CAP 100MG	Select	Select		
	DICYCLOMINE	TAB 20MG	Select	Select		
	MUPIROCIN	OIN 0.02	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 :

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:

Patient Assessment Summary

Name	: DWAYNE RUTROUGH	Age	: 74
Date of Birth	: 1948-06-09	Member ID	: 11001116
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-31 03:31 PM
Gender	: Male	Address	: 720 BLUE RIDGE AVE,virgina beach,VA
Lob	: DSNP	Marital Status	:
Email	: abc@gmail.com	Phone	: 54053/ 785-67, 5406913453
Primary Language	:	Race	: Caucasian

Medical Specialty	Specialist	For
Primary Care Physician	HARRIS, KATHERINE 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	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	
-------------------	--