

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. POWERS, DAVID
200 E 5th St
Chase City, VA, 239241456

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POWERS, DAVID
200 E 5th St
Chase City, VA, 239241456

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

01/13/2023

Dear POWERS,

Re: Patient ARCHIE LILES, DOB: 07/12/1953

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 M.D.", with a stylized flourish at the end.

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

Patient Assessment Summary

Name	: ARCHIE O LILES	Age	: 69
Date of Birth	: 1953-07-12	Member ID	: 11001195
Evaluator Name	: Ayush test, heart	Date	: 2022-8-25 11:21 AM
Gender	: Male	Address	: 4478 FT MITCHELL DRIVE,CHASE CITY,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 123/ 5678 (990), 678/789 0977
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	129/76 mmHG	Pulse	89 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	69	Patients Height	6 feet 2 inch	Patients Weight	270 lbs
BMI	34.7 (Obesity)				

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	POWERS, DAVID	

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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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

Smoking/Tobacco	
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Disease Management

None

Assessor Comments	
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