

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SINGH, CHAND
101 Elm Ave SE
Roanoke, VA, 240132222

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SINGH, CHAND
101 Elm Ave SE
Roanoke, VA, 240132222

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

12/14/2022

Dear SINGH,

Re: Patient REBECCA JOHNSON, DOB: 03/02/1945

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 : REBECCA P JOHNSON
 Date of Birth : 1945-03-02
 Evaluator Name : test clinicianFE, FNP
 Gender : Female
 Lob : DSNP
 Email :
 Primary :
 Language :

Age : 77
 Member ID : 11001317
 Date : 2022-11-29 12:09 PM
 Address : dbxv,ROANOKE,VA
 Marital Status :
 Phone : 5403145294, 5406760754
 Race : Caucasian

Vital Signs

Blood Pressure	/ mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	77	Patients Height	5 feet 4 inch	Patients Weight	56 lbs
BMI	9.6				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	CONTOUR	TES NEXT	Select	Select		
	FAMOTIDINE	TAB 20MG	Select	Select		
	AMLODIPINE	TAB 5MG	Select	Select		
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		
	ATORVASTATIN	TAB 10MG	Select	Select		
	FUROSEMIDE	TAB 40MG	Select	Select		
	LOSARTAN	TAB 50MG	Select	Select		
	SM	PAD PREP	Select	Select		
	MICROLET	MIS LANCETS	Select	Select		
	ELIQUIS	TAB 5MG	Select	Select		
	GABAPENTIN	CAP 300MG	Select	Select		
	RANITIDINE	TAB 150MG	Select	Select		
	BAYER	MIS LANCETS	Select	Select		
	ULTICARE	PAD ALCOHOL	Select	Select		
	OXYCODONE	TAB 5MG	Select	Select		
	BD	PAD SNGL USE	Select	Select		
	ALCOHOL	PAD 0.7	Select	Select		
	ONETOUCH	MIS LANCETS	Select	Select		
	TIZANIDINE	TAB 4MG	Select	Select		
	CEPHALEXIN	CAP 500MG	Select	Select		
	WEBCOL	PAD MEDIUM	Select	Select		
	DICYCLOMINE	CAP 10MG	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

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Race : Caucasian

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:

Medical Specialty	Specialist	For
Primary Care Physician	SINGH, CHAND	

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

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Assessor Comments	
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