

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. KEILMAN, DAVID A
4910 Valley View Blvd Nw Ste 10
Roanoke, VA, 240122040

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KEILMAN, DAVID A
4910 Valley View Blvd Nw Ste 10
Roanoke, VA, 240122040

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

12/01/2022

Dear KEILMAN,

Re: Patient ARYETTA DOOLEY, DOB: 07/04/1992

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	: ARYETTA M DOOLEY	Age	: 30
Date of Birth	: 1992-07-04	Member ID	: 11001345
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-9-28 03:56 PM
Gender	: Female	Address	: 3445 BICHLAWN AVE NW,ROANOKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5404943750,
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	30	Patients Height		Patients Weight	
BMI					

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

Assisstive Devices and DME

Walker, Prosthesis, Bedside Commode, Urinal, Other -

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	KEILMAN, DAVID 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
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Patient Assessment Summary

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Gender : Female
Lob : DSNP
Email :
Primary :
Language :

Age : 30
Member ID : 11001345
Date : 2022-9-28 03:56 PM
Address : 3445 BICHLAWN AVE NW,ROANOKE,VA
Marital Status :
Phone : 5404943750,
Race : Caucasian

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	patient summary
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