

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SWEET, MARY G
1314 Peters Creek Rd Nw Ste 14
Roanoke, VA, 240172500

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SWEET, MARY G
1314 Peters Creek Rd Nw Ste 14
Roanoke, VA, 240172500

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

01/18/2023

Dear SWEET,

Re: Patient JESSICA DUNBAR, DOB: 09/11/1974

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 : JESSICA C DUNBAR
Date of Birth : 1974-09-11
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 48
Member ID : 11001517
Date : 2022-11-17 11:48 AM
Address : 915 STEWART AVENUE,ROANOKE,VA
Marital Status :
Phone : 5403142089, 5406766755
Race : Caucasian

Vital Signs

Blood Pressure	90/120 mmHG	Pulse	99 bpm	Respiratory Rate	99
Temp	45	Pulse Oximetry	120	Pain Scale /10	9
Age	48	Patients Height	6 feet 1 inch	Patients Weight	75 lbs
BMI	9.9 (Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HYDROXYZ	10MG	Select	Select		
	GABAPENTIN	100MG	Select	Select		
	FLUOXETINE	40MG	Select	Select		
	ARIPIRAZOLE	5MG	Select	Select		
	PENICILLN	500MG	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	HYDROCHLOROT	25MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	SPRINTEC	28 DAY	Select	Select		
	OXYCODONE	5MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	CLINDAMYCIN	300MG	Select	Select		
	TRANEX	650MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	DICLOFENAC	75MG DR	Select	Select		
	TIZANIDINE	4MG	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

Patient Assessment Summary

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Date of Birth : 1974-09-11 Member ID : 11001517
Evaluator Name : test clinicianFE, FNP Date : 2022-11-17 11:48 AM
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Lob : DSNP Marital Status :
Email : Phone : 5403142089, 5406766755
Primary : Race : Caucasian
Language :

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: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	SWEET, MARY G	

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: 0

Preventative Follow up needed

Screenings

None

Social

None

Disease Management

None

Assessor Comments	Patient summary
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