

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HAMBAZ, NASSER
4876 Baxter Rd
Virginia Beach, VA, 234624404

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HAMBAZ, NASSER
4876 Baxter Rd
Virginia Beach, VA, 234624404

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

11/21/2022

Dear HAMBAZ,

Re: Patient PEDRO RAMIREZ-BORNIA, DOB: 05/06/1936

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", followed by the letters "ms" in a smaller, less legible script.

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

Patient Assessment Summary

Name : PEDRO T RAMIREZ-BORNIA
 Date of Birth : 1936-05-06
 Evaluator Name : test clinicianFE, FNP
 Gender : Male
 Lob : DSNP
 Email :
 Primary Language :

Age : 86
 Member ID : 11001562
 Date : 2022-11-21 12:23 PM
 Address : 7000 AUBURN AVENUE,NORFOLK,VA
 Marital Status :
 Phone : 7572010869,
 Race : Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	86	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HYDROCO/APAP	7.5-325	Select	Select		
	COMBIVENT	20-100	Select	Select		
	NABUMETONE	500MG	Select	Select		
	AMOXICILLIN	875MG	Select	Select		
	TRELEGY	ELLIPTA	Select	Select		
	ALBUTEROL	0.08%	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	TRIAMT/HCTZ	37.5-25	Select	Select		
	METHYLPRED	4MG	Select	Select		
	METOPROL	25MG	Select	Select		
	CLOPIDOGREL	75MG	Select	Select		
	DICLOFENAC	1%	Select	Select		
	BREO	200-25	Select	Select		
	PREDNISONE	20MG	Select	Select		
	LISINAPRIL	40MG	Select	Select		
	IBUPROFEN	800MG	Select	Select		
	TRIAMCINOLON	0.10%	Select	Select		
	SIMVASTATIN	40MG	Select	Select		
	DULOXETINE	30MG	Select	Select		
	PREDNISOLONE	1% OP	Select	Select		
	DOXYCYC	100MG	Select	Select		
	ATORVASTATIN	40MG	Select	Select		
	FAMOTIDINE	20MG	Select	Select		
	AMOX/K	875-125	Select	Select		
	MOMETASONE	50MCG	Select	Select		
	PENICILLN	500MG	Select	Select		
	SHINGRIX	50MCG	Select	Select		

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Gender	: Male	Address	: 7000 AUBURN AVENUE,NORFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7572010869,
Primary Language	:	Race	: Caucasian

	AZITHROMYCIN	500MG	Select	Select		
	PROAIR		Select	Select		
	NARCAN		Select	Select		

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	HAMBAZ, NASSER	

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:

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Preventative Follow up needed Screenings

None

Social

None

Disease Management

None

Assessor Comments	
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