

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. RICHMOND, MICHAEL
400 N Jefferson St
Lewisburg, WV, 249011177

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RICHMOND, MICHAEL
400 N Jefferson St
Lewisburg, WV, 249011177

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

05/23/2022

Dear RICHMOND,

Re: Patient CURTIS FOSTER, DOB:04/11/1964

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 "MD" in a smaller, handwritten font.

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

Patient Assessment Summary

Name	: CURTIS FOSTER	Age	: 58
Date of Birth	: 1964-04-11	Member ID	: 11003202
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-8 02:50 PM
Gender	: Male	Address	: 2443 CA IRA ROAD,CUMBERLAND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4345479769,
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PROAIR		Select	Select		
	ATORVASTATIN	80MG	Select	Select		
	POT CHLORIDE	10MEQ ER	Select	Select		
	FLUTIC/SALME	250/50	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	SPIRONOLACT	50MG	Select	Select		
	OMEPRAZOLE	40MG	Select	Select		
	TRAMADOL	50MG	Select	Select		
	FLUTICASONE	50MCG	Select	Select		
	EPINEPHRINE	0.15MG	Select	Select		
	ALBUTEROL	0.08%	Select	Select		
	DULERA	100-5MCG	Select	Select		
	AZITHROMYCIN	500MG	Select	Select		
	TAMSULOSIN	0.4MG	Select	Select		
	NITROGLYCERN	0.4MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	ADVAIR	250/50	Select	Select		
	FLOVENT	110MCG	Select	Select		
	DOXAZOSIN	2MG	Select	Select		
	PEG-3350	ELECTROL	Select	Select		
	GAVILYTE-N	FLAV PK	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

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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 : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	RICHMOND, MICHAEL	

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	hxw jzw xjekfmc ejskfke svckdnv ndfmkf,clkd vkldkf.lc.s.,zf c
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