

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. S LEAHCIM ,NOSREDNA
,RD SROTCOD 6
airopmE, AV, 042174832

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Woburn, MA 01801

07/11/2023

Dear S LEAHCIM ,

Re: Patient YRRAL RELYT, DOB: 04/27/1966

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" with a stylized "mo" at the end.

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

Patient Assessment Summary

Name	: YRRAL RELYT	Age	: 57
Date of Birth	: 1966-04-27	Member ID	: 25100011
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-7-5 12:28 PM
Gender	: Male	Address	: RELYT YRRAL,AIROPME,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 1552857757, 4972436434
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	123/66 mmHG	Pulse	32 bpm	Respiratory Rate	77
Temp	99	Pulse Oximetry	78	Pain Scale /10	8
Age	57	Patients Height	5 feet 4 inch	Patients Weight	213 lbs
BMI	36.6				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	SOLIFENACINTAB	TAB 10MG	Select	Select		
	TOPIRAMATETAB	TAB 25MG	Select	Select		
	CIPROFLOXACNTAB	TAB 500MG	Select	Select		
	NYSTAT/TRIAMCRE	CRE	Select	Select		
	GABAPENTINCAP	CAP 100MG	Select	Select		
	CEPHALEXINCAP	CAP 250MG	Select	Select		
	AMLODIPINETAB	TAB 5MG	Select	Select		
	KETOROLACTAB	TAB 10MG	Select	Select		
	FLUBLOK QUADINJ	INJ 2022-23	Select	Select		
	OMEPRAZOLECAP	CAP 40MG	Select	Select		
	METOPROL TARTAB	TAB 25MG	Select	Select		
	PREDNISONETAB	TAB 20MG	Select	Select		
	MELOXICAMTAB	TAB 7.5MG	Select	Select		
	FLUZONE QUADINJ	INJ 2020-21	Select	Select		
	DEXAMETHASONTAB	TAB 4MG	Select	Select		
	PROCHLORPERTAB	TAB 10MG	Select	Select		
	AMOXICILLINTAB	TAB 500MG	Select	Select		
	AZITHROMYCINTAB	TAB 250MG	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

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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	S LEAHCIM ,NOSREDNA	

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

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Disease Management

None

Assessor Comments	
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