

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. A SEMAJ ,HSUB
,TS SSERHTYOP W 518
llewepoH, AV, 235206832

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



A SEMAJ ,HSUB
,TS SSERHTYOP W 518
llewepoH, AV, 235206832

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

04/07/2023

Dear A SEMAJ ,

Re: Patient SERAF DAMMAH, DOB: 06/16/1953

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	: SERAF H DAMMAH	Age	: 69
Date of Birth	: 1953-06-16	Member ID	: 39000011
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-4-7 11:15 AM
Gender	: Male	Address	: TEERTS NODROG 3022,LLEWEPOH,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 1591145408,
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	110/85 mmHG	Pulse	70 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	7
Age	69	Patients Height	6 feet 10 inch	Patients Weight	456 lbs
BMI	47.7 (Morbid Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ATORVASTATINTAB	TAB 40MG	Select	Select		
	OMEPRAZOLECAP	CAP 20MG DR	Select	Select		
	TRIAMCINOLONOIN	OIN 0.005	Select	Select		
	ELIQUISTAB	TAB 5MG	Select	Select		
	CYCLOBENZAPRTAB	TAB 10MG	Select	Select		
	AMITRIPTYLINTAB	TAB 25MG	Select	Select		
	LYRICACAP	CAP 300MG	Select	Select		
	FUROSEMIDETAB	TAB 80MG	Select	Select		
	TRAMADOL HCLTAB	TAB 50MG	Select	Select		
	TRIAMCINOLONCRE	CRE 0.001	Select	Select		
	TIZANIDINETAB	TAB 4MG	Select	Select		
	BREO ELLIPTAINH	INH 100-25	Select	Select		
	TOPIRAMATETAB	TAB 25MG	Select	Select		
	PREGABALINCAP	CAP 300MG	Select	Select		
	DICLOFENACGEL	GEL 0.01	Select	Select		
	AMOX/K CLAVTAB	TAB 875-125	Select	Select		
	CLOTRIM/BETACRE	CRE 1-0.05%	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive Devices and DME

None

Patient Assessment Summary

Name : SERAF H DAMMAH Age : 69
Date of Birth : 1953-06-16 Member ID : 39000011
Evaluator Name : test clinicianFE, FNP Date : 2023-4-7 11:15 AM
Gender : Male Address : TEERTS NODROG 3022,LLEWEPOH,VA
Lob : DSNP Marital Status :
Email : Phone : 1591145408,
Primary : Race : Caucasian
Language :

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	A SEMAJ ,HSUB	

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

Assessor Comments	
-------------------	--