

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. J WEHTTAM ,NAMDOOG
,ROOLF TS1 TEERTS EEL 1221
ellivsettolrahC, AV, 100080922

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08/09/2023

Dear J WEHTTAM ,

Re: Patient EISSEJ GNIVRI, DOB: 10/23/1954

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 MD".

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

Patient Assessment Summary

Name	: EISSEJ M GNIVRI	Age	: 68
Date of Birth	: 1954-10-23	Member ID	: 68100011
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-8-9 11:47 AM
Gender	: Female	Address	: NL SENIP EHT 715,NOTGNIRRA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8280923434, 5425362434
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	23/34 mmHG	Pulse	4 bpm	Respiratory Rate	54
Temp	25	Pulse Oximetry	43	Pain Scale /10	05
Age	68	Patients Height	4 feet 5 inch	Patients Weight	4 lbs
BMI	1.0				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ENTRESTOTAB	TAB 97-103MG	Select	Select		
	FUROSEMIDETAB	TAB 80MG	Select	Select		
	OXYCODONETAB	TAB 5MG	Select	Select		
	DICLOFENACGEL	GEL 0.01	Select	Select		
	FLUTICASONESPR	SPR 50MCG	Select	Select		
	ATORVASTATINTAB	TAB 80MG	Select	Select		
	TRIAMCINOLONPST	PST DEN 0.1%	Select	Select		
	PEG-3350SOL	SOL ELECTROL	Select	Select		
	METOPROL SUCTAB	TAB 25MG ER	Select	Select		
	FLUAD QUADRIINJ	INJ 2021-22	Select	Select		
	FLUZONE HDINJ	INJ 2022-23	Select	Select		
	PREDNISOLONESUS	SUS 1% OP	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

None

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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 : 1
Number of times in past 12 months stayed overnight in hospital : 4
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	J WEHTTAM ,NAMDOOG	

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	
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