

Organization : Precision Health Access **Email Id :** PHAOrg@pvbmhealth.com

 $\textbf{Address:} 960 \ \textbf{Wheeler Road}$

City: HAUPPAUGE

State: NY Zipcode: 11788

Patient Information

Patient Name : Yan J Jonas Address :

MRN: City:

System PID: 193391 State: **Email Id**: testyanjonas@mailinator.com **Zipcode**:

Date of Birth: 12/07/2023

Gender: Male

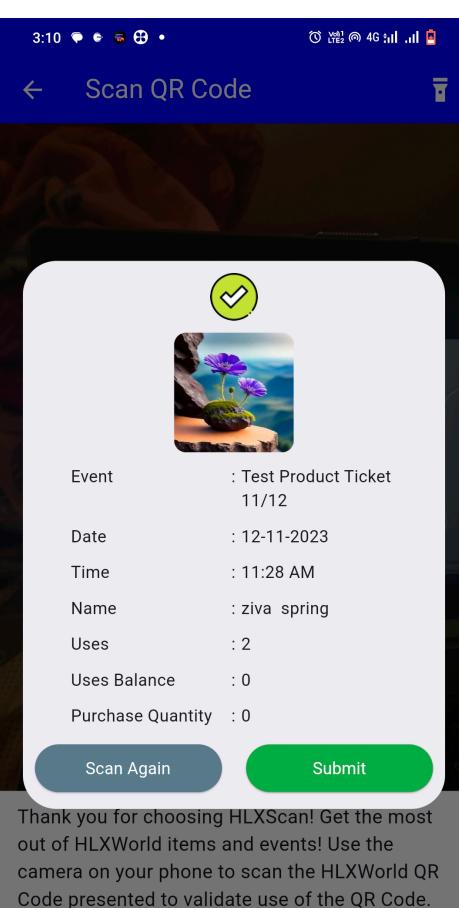
Annual preventive Exam

Questions	Answer
Please list all doctors that you have seen in the past year and the speciality	On File
Please list all any medications you are currently taking	Test On File
Please list any tests you have done in the past year such as blood tests, colonoscopy, mammograms, CT Scan, MRI, etc	Test On File
Have you had any recent immunizations?	Yes
Do any family members have a personal history with any health issues, please list below.	Test On File

© 1

Image of prescription

© 2



Code presented to validate use of the QR Code.

Important Notification: By completing and submitting any assessment you give consent for an e-visit and a co-pay may or may not apply. This communication is meant to connect you with your healthcare provider for further discussions about your healthcare needs. The content of this communication is for informational purposes only and is not meant to replace the guidance of your licensed healthcare practitioner. Statements and information in this communication have not been evaluated by the Food and Drug Administration. The statements and information in this communication are meant for general use only and are not intended to diagnose, cure, treat, or prevent any disease or provide medical advice. The statements and information in this communication should not be used for diagnosis or treatment of any health problem or for prescription of any medication or other treatment. Any determinations concerning an individuals' use of drugs, medications, or supplements should be made by your licensed healthcare provider.

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