



HW485011L6J1KKH6SCF1

Community Nurse Inc
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Fairhaven, MA 02719
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INTERIM ORDERS

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|--|--|--|--|
| Send To Gloriane Afonso-Fede, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535 | | Primary Physician Gloriane Afonso-Fede, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535 | |
| Medical Record No. 6669015 | Insurance Blue Cross Blue Shield | Start of Care 06/16/2025 | Certification Period 06/16/2025 Through 08/14/2025 |
| Patient Rossi, Kari 9 Shoreview Ave Mattapoisett, MA 02739 | | DOB 10/28/1961 | Sex F |

| | |
|---|---|
| Orders for Discipline and Treatments | SN: Wound # 2 - Traumatic - dorsal_right_5th_toe - Wound #2 Dorsal right 5th toe Assess each SNV. Wound # 2 - Traumatic - dorsal_right_5th_toe - Wound #2 Dorsal right 5th toe Assess each SNV |
| Goals/Rehabilitation Potential/Discharge Plans | |
| Clinician's Signature and Date | Veronica McIntosh RN *E-Signature* 06/30/2025 @ 01:58 PM VO Date 06/30/2025 01:58 PM |
| Goals/Rehabilitation Potential/Discharge Plans | ST Goals: d/c Goal: ST to evaluate and establish goals. within cert period |
| Clinician's Signature and Date | Sara L Redder SLP-MA Lic#6344 *E-Signature* 06/27/2025 @ 08:05 PM VO Date 06/27/2025 08:05 PM |
| Medications (Dose/Frequency/Route) | naloxone 4 mg/0.1 mL spray 1 Spray nasal once PRN Other |
| Goals/Rehabilitation Potential/Discharge Plans | |
| Clinician's Signature and Date | Veronica McIntosh RN *E-Signature* 06/23/2025 @ 03:09 PM VO Date 06/23/2025 03:09 PM |

Physician's Signature **X**

Date **X**

Gloriane Afonso-Fede, MD

Date HHA Received Signed POT (Sent 7/8/2025 10:11 AM)