

Physician Order: 06/30/2025 14:00
Patient: Verissimo, Dalia (br-SWH-005)
Order #1301556329
Date Received:

Visiting Rehab and Nursing
125 High Street STE 204
Mansfield, MA, 02048
Phone: (877) 242-8771 Fax: (774) 244-4404

Address: 1661 Purchase St, Apt. 205
New Bedford MA 02740

HIC#: 8XR9Y14RP33
Phone: (774) 328 -7793
Date of Birth: 02/01/1951

Allergies: ☒ Allergic to:
Pioglitazone - rash Atorvastatin - rash Losartan - rash Calcium Channel Blockers - rash

Episode: 06/24/2025 - 08/22/2025

Diagnosis: I10. Essential (primary) hypertension
E11.65 Type 2 diabetes mellitus with hyperglycemia
E11.329 1 Type 2 diab with mild nonp rtnop without mclr edema, r eye

Physician: Karmina Bautista MD
531 Faunce Corner Rd
NORTH DARTMOUTH MA 02747

NPI: 1033131008
Phone: (508) 996-3991
Fax: (508) 961-2982

Orders:

Current Medication:
Change
hydrALAZINE HCl Oral Tablet 50 MG
Dose: 1 Tab(s)
Frequency: po QID

Discontinued Medication:
Change
hydrALAZINE HCl Oral Tablet 50 MG
Dose: 1 Tab(s)
Frequency: po TID

Clinician Signature:
Digitally Signed by: Kristine Ann Demelo , RN177066

Date
06/30/2025

Clinician Co-Signature:

Date

Physician Signature:

Date