

ACCENTCARE OF MASS, INC. DBA AC HH OF MASS  
21 FATHER DEVALLES BLVD STE 104  
FALL RIVER, MA 02723-1519  
Phone: (508) 235-5312  
Fax: (508) 730-3436

## PHYSICIAN:

DANIEL MARTIN, MD  
HAWTHORN MEDICAL ASSOC., LLC 535 FAUNCE  
CORNER ROAD  
NORTH DARTMOUTH, MA 02747

Phone: (508)996-3991

Fax: (508)213-3429

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 7/2/2025 Time: 2:33 PM

## CLIENT:

SASSEVILLE, EUGENE H  
777 REED ROAD  
NORTH DARTMOUTH, MA 02747-

SSN:

DOB: 4/27/1939

MR#: C0200244548301

CERT: 6/16/2025 to 8/14/2025

Order Read Back to Physician/Agent of Physician?:

Y

ABN Delivered to Patient?:

NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	SAINT ANNES HOSPITAL	6/10/2025	6/14/2025	

Order Date:	7/2/2025 2:33 PM	Order Type:	PHYSICIAN ORDER
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## Order Description:

PT EVAL DUE TO UNSTEADY GAIT, DIFFICULTY NAVIGATING STAIRS

## Service Changes:

## Calendar Frequency:

PT EFFECTIVE 07/06/2025 1WK1

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

TIFFANY BURNS, LPN

DATE: 07/02/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

ALEXA MONIZ, RN

DATE: 07/03/2025

PHYSICIAN SIGNATURE:

DATE: