| | | Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767 |
|--|--|--|
| Address: | 9 Clarence St | HIC#: 9JF7RJ9TG48 |
| Addicoo. | South Dartmouth MA 02748 | Phone: (774) 400 -5885 |
| | | Date of 03/23/1940 Birth: |
| Allergies: | ${f M}$ NKA (Food/ Drug/ Latex) | |
| Episode: Diagnosis: | 07/08/2025 - 09/05/2025 | |
| Physician: | STEPHEN MACKLER MD | NPI: 1669442745 |
| | 535 FAUNCE CORNER RD | Phone: (508) 996-3991 |
| | NORTH DARTMOUTH MA 02747 | Fax: (508) 961–2535 |
| Orders: | | |
| Occupation | nal Therapy: | |
| * Narrativ therex, th * Order da | (Sunday) - 8/30/2025 (Saturday) 1 visit per Statement/Order Details: OT services 1 terapeutic activities ate: 7/9/2025 g provider: STEPHEN MACKLER | er week for 7 weeks time a week for 7 weeks for self care management, |
| * Verbal o | order was obtained | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Clinician Sig | gnature: y Signed by: Ashleylynn Machado , OT | Date 07/09/2025 |
| | | 01,03,2323 |
| Clinician Co | -Signature: | Date |
| Dhysician Si | ignaturo: | Date |

Clinician: Clinician, Agency

Signature:

Date: 7/10/2025