



HW485011L6J1KKH6RZSA

Community Nurse Inc
62 Center Street
Fairhaven, MA 02719
(508) 992-6278
Fax (508) 997-3091

INTERIM ORDERS

Send To Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535		Primary Physician Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535	
Medical Record No. 3684011	Insurance Medicare	Start of Care 06/28/2024	Certification Period 06/23/2025 Through 08/21/2025
Patient Levin, Frances 441 Slocum Rd North Dartmouth, MA 02747		DOB 01/16/1935	Sex F

Orders for Discipline and Treatments	SN: Start on 06/23/2025: 1x/wk x 2 wks, 2x/wk x 8 wks d/c Wound # 29 - Skin Tear - posterior_left_lower_arm -. Wound # 30 - Other Skin Alteration - left_lateral_thigh - Wound #30, Left lateral leg and hip, area of bruising. SN to assess q visit. PT: Start on 06/30/2025: Once every 14 das x 14 das
Goals/Rehabilitation Potential/Discharge Plans	
Clinician's Signature and Date	Nikoline Frade RN *E-Signature* 06/29/2025 @ 09:51 AM VO Date 06/27/2025 10:51 AM

Orders for Discipline and Treatments	SN: Wound # 28 - Skin Tear - posterior_left_lower_arm - Wound #28 Left forearm skin tear distal Cleanse with NS, pat dry Apply xeroform gauze and foam bandage Change 3 x weekly and prn if loose or soiled Caregiver to perform care on days SN does not visit.. Wound # 29 - Skin Tear - posterior_left_lower_arm - Wound #29 Left forearm skin tear proximal Cleanse with NS, pat dry Apply xeroform gauze and foam bandage Change 3 x weekly and prn if loose or soiled Caregiver to perform care on days SN does not visit.
Goals/Rehabilitation Potential/Discharge Plans	
Clinician's Signature and Date	Nikoline Frade RN *E-Signature* 06/25/2025 @ 04:30 PM VO Date 06/23/2025 03:33 PM

Physician's Signature **X**Date **X**

Christine A Will, MD

Date HHA Received Signed POT (Sent 7/1/2025 11:00 AM)