## PHYSICIAN'S ORDER

All At Home Health Care 1842 Beacon St, Suite 404 Brookline, MA 02445

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To:

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Agnes Loggins

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531 Faunce Corner Rd

9 Northfield Pl Acushnet, MA 02743

North Dartmouth, MA 02747 Effective Date: 6/24/2025

NPI: 1679560791

Start of Care: 4/11/2025

Date of Birth: 2/3/1935

Certification period: 6/10/2025 - 8/8/2025

## Missed Visits

Service date: 6/24/2025 - (SN)

SN visit not done d/t patient having an appointment. POC not met for the week ending of 6/28/25

I certify that this medical record entry for Physician's orders accurately reflects the most recent assessment of the patient's condition as well as a verbal conversation with the physician to provide these services. I understand that signing this document electronically is the legal equivalent of having placed my handwritten signature on this document. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may be subject me to administrative, civil or criminal liability,

## Electronically signed and dated by: 1:16 PM Central Standard Time Dagmar Kotov 1053 7/7/2025 Associate Name User ID Date Time Time Zone Signature License #

Signature of Clinician Dagmar Kotov (RN)	Approved Date 7/7/2025	Verbal Order Received 6/24/2025
Electronically signed by:  Dagmar Kotor RN	Signed Date 7/7/2025	
Signature of Physician or other approved provider	Date	

The PHI (personal health information) contained in this document is highly confidential. It is intended for the exclusive use of the addressee. It is to be used solely in conjunction with providing specific healthcare services to this patient. Any other use is a violation of federal law (HIPAA) and will be reported as such.

I-48429

Clinician: Agency, Clinician

Signature:

Date: 7/8/2025