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Frequency Order: 05/28/2025 **Nightingale Visiting Nurses** Patient: Tavares, Shirley L (MA250328114901) 125 County ST. Order #1289824298 Taunton, MA, 02780 Date Received: Phone: (508) 967-0761 Fax: (508) 967-0767 442 Summer St, Apt 1 Address: HIC#: (508) 999 -4302 New Bedford MA 02740 Phone: 11/10/1949 Date of Birth: Allergies: **M**Allergic to: Flagyl - hives x&#d&ray dye - SOB Shellfish&#d&derived Products - SOB Ciprofloxacin - rash Potassium Chloride - hives Glucophage - gi upset Liraglutide - cant (Continued) 05/28/2025 - 07/26/2025 Episode: Diagnosis: K25.9 Gastric ulcer, unsp as acute or chronic, w/o hemor or perf D50.0 Iron deficiency anemia secondary to blood loss (chronic) K50.90 Crohn's disease, unspecified, without complications Physician: KARMINA BAUTISTA MD NPI: 1033131008 535 Faunce Corner Rd Phone: (508) 996-3991 NORTH DARTMOUTH MA 02747 (508) 961-2982 Fax: Orders: Skilled Nursing: 5/28/2025 (Wednesday) - 7/26/2025 (Saturday) 2 visits per day for 60 days \* Narrative Statement/Order Details: 2 times a day 7days week Physical Therapy: 5/28/2025 (Wednesday) - 5/31/2025 (Saturday) 1 visit per week for 1 week \* Narrative Statement/Order Details: PT eval Occupational Therapy: 5/28/2025 (Wednesday) - 5/31/2025 (Saturday) 1 visit per week for 1 week \* Narrative Statement/Order Details: OT eval \* Order date: 5/28/2025 \* Ordering provider: KARMINA BAUTISTA \* Verbal order was obtained **Clinician Signature**: Digitally Signed by: Julie Giordano , RN Date 05/23/2025 Clinician Co-Signature: Date Physician Signature: Date

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Signature:

Date: 7/2/2025

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Addendum Page Frequency Order 05/28/2025 Tavares, Shirley L (MA250328114901) Date of Birth: 11/10/1949	
Allergies (Continued)	
recall lisinopril hydrochlorothiazide - cant recall	
Tavares, Shirley L (MA250328114901)	© 2004-2025 Kinnser Software, Inc. All Rights reserved.

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