



HW485011L6J1KKH6Q9L8

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

INTERIM ORDERS

<b>Send To</b> Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535		<b>Primary Physician</b> Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535	
<b>Medical Record No.</b> 3684011	<b>Insurance</b> Medicare	<b>Start of Care</b> 06/28/2024	<b>Certification Period</b> 04/24/2025 Through 06/22/2025
<b>Patient</b> Levin, Frances 441 Slocum Rd North Dartmouth, MA 02747		<b>DOB</b> 01/16/1935	<b>Sex</b> F

<b>Orders for Discipline and Treatments</b>	SN: Wound # 28 - Skin Tear - posterior_left_lower_arm - Wound #28 Left forearm distal skin tear Cleanse with NS, pat dry Apply xeroform gauze and foam bandage Change 3 x weekly and prn if loose or soiled Caregiver to perform on days SN does not visit.. Wound # 29 - Skin Tear - posterior_left_lower_arm - Wound #29 Left forearm proximal skin tear Cleanse with NS, pat dry Apply xeroform gauze and foam bandage Change 3 x weekly and prn if loose or soiled Caregiver to perform on days SN does not visit.. Wound # 30 - Other Skin Alteration - left_lateral_thigh - Wound #30 Bruising from left hip to lower leg, skin intact. SN to assess q visit
<b>Goals/Rehabilitation Potential/Discharge Plans</b>	
<b>Clinician's Signature and Date</b>	Nikoline Frade RN *E-Signature* 06/23/2025 @ 10:43 PM VO Date 06/22/2025 03:43 PM

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

Christine A Will, MD

**Date HHA Received Signed POT** (Sent 7/1/2025 10:57 AM)