



HW485011L6J1KKH6THSY

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

INTERIM ORDERS

| | | | |
|---|---|---|--|
| Send To Christine A Will, MD Sonia Clavin, CNP Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535 | | Primary Physician Christine A Will, MD Sonia Clavin, CNP Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535 | |
| Medical Record No. 4526015 | Insurance Blue Cross Medicare Adv | Start of Care 05/08/2025 | Certification Period 05/08/2025 Through 07/06/2025 |
| Patient McCarthy, Maureen 7 Baker Lane Mattapoisett, MA 02739 | | DOB 06/04/1943 | Sex F |

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|---|---|
| Orders for Discipline and Treatments | PT: Once every 4 das x 1 da |
| Goals/Rehabilitation Potential/Discharge Plans | |
| Clinician's Signature and Date | Veronica McIntosh RN *E-Signature* 07/02/2025 @ 04:57 PM VO Date 07/02/2025 04:57 PM |
| Medications (Dose/Frequency/Route) | acetaminophen 325 mg capsule 650 milligram oral every 6 hours PRN Pain d/c cyanocobalamin 500 mcg tablet 2 tablets oral once a day <i>DC Ordered By: Will, Christine A MD (Internal Medicine), 7/2/2025</i> d/c Eliquis 5 mg tablet 1 tablets oral 2 times a day <i>DC Ordered By: Will, Christine A MD (Internal Medicine), 7/2/2025</i> losartan 100 mg tablet 1 tablets oral once a day magnesium oxide 400 mg tablet 1 tablets oral 2 times a day |
| Orders for Discipline and Treatments | PT: Once every 4 das x 4 das |
| Goals/Rehabilitation Potential/Discharge Plans | |
| Clinician's Signature and Date | Veronica McIntosh RN *E-Signature* 07/02/2025 @ 04:56 PM VO Date 07/02/2025 04:56 PM |

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

Christine A Will, MD

Date HHA Received Signed POT (Sent 7/8/2025 11:07 AM)