

BAYADA HOME HEALTH CARE INC 227539  
368 FAUNCE CORNER ROAD  
DARTMOUTH, MA 02747-1257  
Phone: (508) 994-1003  
Fax: (774) 634-3121

## PHYSICIAN:

Dr. SHAN QIN  
537 FAUNCE CORNER RD DOCTOR ALLIANCE--DO  
NOT CHANGE ORDER DELIVERY METHOD  
NORTH DARTMOUTH, MA 02747-

## CLIENT:

SILVA, PETER M  
1309 SASSAQUIN AVENUE  
NEW BEDFORD, MA 02745-

Phone: (508)996-3991

Fax: (508)961-0876

## 2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 6/26/2025 Time: 6:25 PM

SSN:

DOB: 7/21/1951

CERT: 6/25/2025 to 8/23/2025

Order Read Back to Physician/Agent of Physician?:

ABN Delivered to Patient?:

Medicare No.: 1NM1TV1HJ25

MR#: 28700219575501

Y

NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	SAINT ANNE'S HOSPITAL - FALL RIVER	6/20/2025	6/25/2025	

Order Date:	6/26/2025 6:24 PM	Order Type:	PHYSICIAN ORDER
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## Order Description:

CALL RECEIVED FROM DR. QIN AT 1800 ON 6/26 TO PERFORM MEDICATION RECONCILIATION. ASKED MD ABOUT CONTRAINDICATION BETWEEN ATORVASTATIN AND COLCICHINE. DR. QIN ORDERED FOR PATIENT TO HOLD ATORVASTATIN UNTIL COLCICHINE HAS ENDED THEN RESTART ATORVASTATIN. CALL TO PATIENT AND SPOUSE. LEFT MESSAGE REGARDING MD ORDER. MEDICATION LIST UPDATED.

## Current Ordered Medications:

Type	Medication	Start Date/ End Date	Dose	Frequency/ New Changed	Route Financial Resp	DC Date
DC	atorvastatin 20 mg tablet	6/11/2024	1 tablet	DAILY	ORAL OTHER	6/26/2025
Instructions:						

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

FAITH JANULEWICZ, RN

DATE: 06/26/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

KRISTEN COSTA, CLINICAL ASSOCIATE, RN

DATE: 07/08/2025

PHYSICIAN SIGNATURE:

DATE:

Clinician: Agency, Clinician

Signature:

Date: 7/8/2025