

BAYADA HOME HEALTH CARE INC 227537  
20 NORTH PARK AVENUE SUITE 2200A  
PLYMOUTH, MA 02360-3827  
Phone: (508) 830-6990  
Fax: (774) 283-7007

PHYSICIAN:

CLIENT:

CHRISTINE WILL, MD  
535 FAUNCE CORNER RD  
NORTH DARTMOUTH, MA 02747-

ARCHER, BARBARA  
157 SOUTH ST #103  
PLYMOUTH, MA 02360-7605

Phone: (508)996-3991

SSN: Medicare No.: 9DJ9EU0UU11

Fax: (508)961-2535

DOB: 6/27/1953 MR#: PLF00079504601

2nd Physician:

CERT: 4/12/2025 to 6/10/2025

Send to Physician: Y

Order Read Back to Physician/Agent of Physician?: Y

Verbal Order: Y

ABN Delivered to Patient?: NA

Verbal Date: 4/17/2025 Time: 11:55 AM

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	ROYAL FALMOUTH NURSING & REHABILITATION CENTER	2/10/2025	4/10/2025	

Order Date: 4/17/2025 11:49 AM Order Type: PHYSICIAN ORDER

Order Description:

SKILLED NURSE TO PERFORM WOUND CARE TO RIGHT HEEL DEEP TISSUE INJURY/BLISTER, CLEANSE WITH NS AND PAT DRY WITH GAUZE APPLY SKIN PREP AND COVER WITH FOAM DRESSING USING CLEAN TECHNIQUE 2WK1 THEN WEEKLY UNTIL HEALED.

MAY SUBSTITUTE FORMULARY EQUIVALENT UNLESS OTHERWISE SPECIFIED BY PHYSICIAN.

Supplies:

Type	Supply
ADD	FOAM & SUPER ABSORBENTS
ADD	GAUZE
ADD	SALINE-IRRIGANTS

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	JAMEE PERSSON, RN	DATE:	04/17/2025
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	ANNA BROWN, CLINICAL MANAGER, RN	DATE:	04/28/2025
PHYSICIAN SIGNATURE:		DATE:	