



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


INTERIM ORDERS

<b>Send To</b>		<b>Primary Physician</b>	
Daniel J Martin, MD Hawthorn Medical Associates 535 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-0801		Daniel J Martin, MD Hawthorn Medical Associates 535 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-0801	
<b>Medical Record No.</b>	<b>Insurance</b>	<b>Start of Care</b>	<b>Certification Period</b>
5725015	Medicare	05/14/2025	05/14/2025 Through 07/12/2025
<b>Patient</b>		<b>DOB</b>	<b>Sex</b>
Sawicki, Stanley D 161 Brownell Avenue New Bedford, MA 02740		02/20/1950	M

<b>Medications (Dose/Frequency/Route)</b>	d/c oxyCODONE 5 mg capsule 5 - 10 milligram oral every 4 hours PRN Moderate to Severe Pain (5mg for moderate pain, 10mg for severe pain) DC Ordered By: Martin, Daniel J MD (Pulmonary Diseases), 6/4/2025
<b>Goals/Rehabilitation Potential/Discharge Plans</b>	
<b>Clinician's Signature and Date</b>	Sheri Braga RN (by Jill Ott *E-Signature* 06/27/2025 @ 11:08 AM) VO Date 06/04/2025 11:08 AM

Physician's Signature <b>X</b>	Date <b>X</b>
Daniel J Martin, MD	
<b>Date HHA Received Signed POT</b> (Sent 7/1/2025 10:36 AM)	

Physician: Dr. Martin, Daniel J.

Signature: 

Date: 7/11/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025