

<b>Frequency Order:</b> 06/23/2025 <b>Patient:</b> Martins, Carminda (MA240918073804) <b>Order #</b> 1299903190 <b>Date Received:</b>		<b>Nightingale Visiting Nurses</b> 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
<b>Address:</b> 170 Sycamore St New Bedford MA 02740		<b>HIC#:</b> <b>Phone:</b> (774) 305 -3390 <b>Date of Birth:</b> 07/14/1938	
<b>Allergies:</b> <input checked="" type="checkbox"/> Allergic to: Penicillins - Rash			
<b>Episode:</b> 06/23/2025 - 08/21/2025 <b>Diagnosis:</b> J18.9 Pneumonia, unspecified organism I12.9 Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny N18.31 Chronic kidney disease, stage 3a			
<b>Physician:</b> CHRISTINE WILL MD 535 Faunce Corner Rd NORTH DARTMOUTH MA 02747		<b>NPI:</b> 1760458632 <b>Phone:</b> (508) 996-3991 <b>Fax:</b> (508) 961-2535	
<b>Orders:</b>  Physical Therapy:  6/23/2025 (Monday) - 8/21/2025 (Thursday) 1 visit per week for 9 weeks * Narrative Statement/Order Details: Skilled PT Treatment  Occupational Therapy:  6/23/2025 (Monday) - 6/28/2025 (Saturday) 1 visit per week for 1 week * Narrative Statement/Order Details: Evaluation  * Order date: 6/23/2025 * Ordering provider: CHRISTINE WILL  * Verbal order was obtained			
<b>Clinician Signature:</b> Digitally Signed by: LLOYDS BAYNOSA , PT		<b>Date</b> 06/20/2025	
<b>Clinician Co-Signature:</b>		<b>Date</b>	
<b>Physician Signature:</b>		<b>Date</b>	

Clinician: Clinician, Agency

Signature:

Date: 7/1/2025