



AlphaCare Home Health Agency, Inc. **PHYSICIAN ORDERS**

Patient: Hamilton, Doris-MR#00000200

Caregiver: Carreiro, Melissa (RN) Date: 05/07/2025

| starting 5/8. Stop drinking all liquid 3 hrs prior to procedure. Hold starting Eliquis 5/7. | Chart: 1 Episode: 44 | | | |
|--|---|--|---------------|--|
| Location Name: AlphaCare Home Health Agency, Inc. Location Name: AlphaCare Home Health Agency, Inc. Location Address: 1707 GAR Highway City: Swansea State: MA Zip: 02777 Location Address: 1707 GAR Highway Location Fax: 855-225-2958 Physician Address: 289 Pleasant St Suite 102 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Communication: Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Physicia | Patient Name: | MR Number: 000000200 | DOB: 7/4/1951 | |
| Location Address: 1707 GAR Highway City: Swansea State: MA 2 pro 02777 Dhysician Name: Tweedie, Patricia (MD (Dr. Alliance)) - 289 Pleasant St Suite 102 Fall River MA 02720 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Phone: (508) 646-7746 Fax: 508-772020 Phone: 648-772020 Phone: 648- | Last: Hamilton First: Doris | | | |
| City: Swansea State: MA Zip: 02777 Physician Name: Tweedie, Patricia (MD (Dr. Alliance)) - 289 Pleasant St Suite 102 Rever MA 27270 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Communication: Patient Scheduled for Ileoscopy Friday 5/9/25 – prep oders as follows: Gavilyte-G mixed with 1 gallon of water. Drink half at 5pm, the other half at 11pm on 5/8. Clear liquids o starting 5/8. Stop drinking all liquid 3 hrs prior to procedure. Hold starting Eliquis 5/7. Verbal Order received by: Melissa Carreiro RN Verbal Order received: 95/07/2025 Time order received: 445 PM Verbal Order received: 95/07/2025 Time order received: 445 PM Visit FREQUENCY SN: OT: FT: MSW: HHA: RD: OTHER: ORDERS: MEDICATIONS Active Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AM/PM) Dr Nasser Start Effective Date: 08/27/2020 Discontinued Date: 05/06/2025 Discontinued Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AM/PM) Dr Nasser Start Effective Date: 08/27/2020 Discontinued Date: 05/06/2025 Discontinued Date: 05/10/2025 This form has been electronically signed by: Carreiro, Melissa (RN) RN 05/09/2025 08:10:43 PM EDT | Location Name: AlphaCare Home Health Agency, Inc. | Health Insurance Claim Number: | | |
| Physician Name: Tweedle, Patricia (MD (Dr. Alliance)) - 289 Pleasant St Suite 102 Fall River MA 02720 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician NPI: 1639130651 Physician Communication: Physician Communication: Patient scheduled for ileoscopy Friday 5/9/25 – prep oders as follows: Gavilyte-G mixed with 1 gallon of water. Drink half at 5pm, the other half at 11pm on 5/8. Clear liquids o starting 5/8. Stop drinking all liquid 3 hrs prior to procedure. Hold starting Eliquis 5/7. Verbal Order received by: Melissa Carreiro RN Verbal Order received: 05/07/2025 Time order received: 4:45 PM Verbal Order received: 05/07/2025 Time order received: 4:45 PM Verbal Order received: 05/07/2025 Verbal Order received: 05/07/2025 ORDERS VIST FREQUENCY SN: PT: MSW: HHA: RD: OTHER: ORDERS MEDICATIONS Active Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AMPM) Dr Nasser Start Effective Date: 08/27/2020 Discontinued Date: 05/06/2025 Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AMPM) Dr Nasser Start Effective Date: 08/27/2020 Discontinued Date: 05/06/2025 Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AMPM) Dr Nasser Start Effective Date: 05/09/2025 Discontinued Date: 05/10/2025 Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AMPM) Dr Nasser Start Effective Date: 05/09/2025 Discontinued Date: 05/10/2025 Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day (AMPM) Dr Nasser Start Effective Date: 05/09/2025 Discontinued Date: 05/10/2025 Apixaban (Eliquis) 5 MG Tab(s) Oral 5 mg Twice per day Hold Start Effective Date: 05/09/2025 Discontinued Date: 05/10/2025 This form has been electronically signed by: Carreiro, Melissa (RN) RN 05/09/2025 08:10:43 PM EDT | Location Address: 1707 GAR Highway | Location Phone: 617-600-4547 | | |
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| Priysician's Signature. | Physician's Signature: | | Date: | |

Physician: Dr. Tweedie, Patricia A. Clinician: clinician, Agency

Signature: Signature:

Date: 6/4/2025 Date: 5/9/2025

Electronically signed by Dr. Tweedie, Patricia A. on 6/4/2025