



AlphaCare Home Health Agency, Inc.
PHYSICIAN ORDERS

Patient: Raposo, Paulo-MR#000004533

Caregiver: Carreiro, RN, Melissa (SuperAdmin) Date: 05/01/2025

Chart: 1 Episode: 2

Patient Name: Last: Raposo First: Paulo		MR Number: 000004533	DOB: 3/4/1964
Location Name: AlphaCare Home Health Agency, Inc.		Health Insurance Claim Number:	
Location Address: 1707 GAR Highway City: Swansea State: MA Zip: 02777		Location Phone: 617-600-4547 Location Fax: 855-225-2958	
Physician Name: Campbell, Michael A (DO (Dr. Alliance)) - 277 Pleasant St. Bldg 1 Ste 304 Fall River MA 02721		Physician Address: 277 Pleasant St. Bldg 1 Ste 304	
Physician Phone: (508) 672-1838 Fax: 508-672-5189 Physician NPI: 1376523621		City: Fall River State: MA Zip: 02721	
Physician Communication: Continue speech therapy 2x per week x 4 weeks. Pt is progressing towards goals. Re-eval Q30 days			
<input checked="" type="radio"/> Verbal Order <input type="radio"/> Non-Verbal Order			
Verbal Order received by: Melissa Carreiro RN		Verbal Order received from: Dr Campbell	
Date order received: 05/01/2025		Time order received: 3:29 PM	
<input checked="" type="checkbox"/> Verbal Order read back and verified		Effective Date: 05/01/2025	
ORDERS			
VISIT FREQUENCY			
ST: ST: 2 x week for 4 weeks starting 04/28/2025 (week 4)			
ORDERS:			
This form has been electronically signed by: Carreiro, RN, Melissa (SuperAdmin) RN Clinical Manager 05/29/2025 11:26:29 AM EDT			
Physician's Signature:		Date:	

Physician: Dr. Campbell, Michael A.

Signature: 

Date: 6/13/2025

Clinician: clinician, Agency

Signature:

Date: 5/29/2025

Electronically signed by Dr. Campbell, Michael A. on 6/13/2025