Order Number: 14058451 Printed: 5/30/2025 3:05 PM Eastern Time Zone

FALL RIVER - CENTERWELL HOME HEALTH 275 MARTINE STREET 104 FALL RIVER, MA 02723-1500 Phone: (508) 672-0675

Phone: (508) 672-0679 Fax: (508) 675-6913

PHYSICIAN: CLIENT:

Dr. HANY MISTIKAWY

289 PLEASANT STREET

FALL RIVER, MA 02721

OLIVEIRA, BEATRICE P

51 MCGOWAN ST

FALL RIVER, MA 02723-

**Phone:** (508)679-2265 **SSN:** XXX-XX-

**Fax:** (508)646-0586 **DOB:** 8/23/1947 **MR#:** A5300244927401

**2nd Physician: CERT:** 3/24/2025 to 5/22/2025

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

Verbal Order: Y ABN Delivered to Patient?:

**Verbal Date:** 5/5/2025 **Time:** 3:35 PM

Hospital MR NoInpatient Facility<br/>ST ANNES HOSPITALAdmit Date<br/>3/11/2025Discharge Date<br/>3/22/2025Reason For AdmissionOrder Date:5/5/2025 2:15 PMOrder Type:PHYSICIAN ORDER

## Order Description:

PATIENT MET ALL GOALS AT REASSESSMENT. PHYSICAL THERAPY DISCIPLINE DC TODAY. AOP DANIELLE.

## Service Changes:

## Calendar Frequency:

PT EFFECTIVE 05/11/2025 - NO VISITS REQUESTED/SCHEDULED

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	KEVIN MEDEIROS, PT	DATE:	05/05/2025
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	FLAVIA PEDRO, RN, BD	DATE:	05/06/2025
PHYSICIAN SIGNATURE:		DATE:	

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Physician: Dr. Mistikawy, Hany A. Clinician: Agency, Clinician

Signature: Signature:

Date: 6/3/2025 Date: 5/30/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025