

ACCENTCARE OF MASS, INC. DBA AC HH OF MASS  
21 FATHER DEVALLES BLVD STE 104  
FALL RIVER, MA 02723-1519  
Phone: (508) 235-5312  
Fax: (508) 730-3436

## PHYSICIAN:

RAJU SINGLA, MD  
289 PLEASANT STREET BUILDING 4 SUITE 604  
FALL RIVER, MA 02721

Phone: (508)679-5888  
Fax: (508)679-1059  
2nd Physician: SINGLA, RAJU  
Send to Physician: Y  
Verbal Order: Y  
Verbal Date: 5/30/2025

Time: 9:45 AM

## CLIENT:

PIMENTEL, JOAO  
285 BARNABY ST  
FALL RIVER, MA 02720-

SSN:  
DOB: 6/2/1952 MR#: C0200228065801  
CERT: 4/8/2025 to 6/6/2025  
Order Read Back to Physician/Agent of Physician?: Y  
ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	SAINT ANNES HOSPITAL	4/2/2025	4/8/2025	

Order Date:	5/30/2025 9:50 AM	Order Type:	PHYSICIAN ORDER
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## Order Description:

SPOKE TO JENN AT DR CHANDERS OFFICE TO REPORT INR OF 2.9. PATIENT TO TAKE 4 MG TODAY AND 4 MG ON SUNDAY AND 6 MG ON SATURDAY. INR TO BE RECHECKED ON MONDAY 6/2/25

## Service Changes:

## Calendar Frequency:

SN EFFECTIVE 06/01/2025 3WK1

## Current Ordered Medications:

Type	Medication	Start Date/ End Date	Dose	Frequency/ New Changed	Route Financial Resp	DC Date
DC	warfarin 2 mg tablet	5/12/2025	2 tablet	EVERY PM C	ORAL OTHER	5/30/2025
	Reason: PREVENT BLOOD CLOTS Instructions:					
ADD	warfarin 2 mg tablet	5/30/2025	Per instructions	EVERY PM C	ORAL OTHER	
	Reason: PREVENT BLOOD CLOTS Instructions: 4 MG ON FRI 5/30 AND SUNDAY 6/1 6 MG ON SATURDAY 5/31					

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

NANCY FERREIRA, LPN

DATE: 05/30/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

LISA COUGHLIN, RN

DATE: 05/30/2025

PHYSICIAN SIGNATURE:

DATE: