



Community Nurse Inc  
62 Center Street  
Fairhaven, MA 02719  
(508) 992-6278  
Fax (508) 997-3091

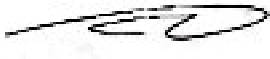
INTERIM ORDERS

<b>Send To</b>		<b>Primary Physician</b>	
Stephen R Butler, DO Prima Care 831 Main Road Westport, MA 02790 (508) 996-3311 Fax (508) 997-5352		Stephen R Butler, DO Prima Care 831 Main Road Westport, MA 02790 (508) 996-3311 Fax (508) 997-5352	
<b>Medical Record No.</b>	<b>Insurance</b>	<b>Start of Care</b>	<b>Certification Period</b>
4972015	Medicare	04/07/2025	04/07/2025 Through 06/05/2025
<b>Patient</b>		<b>DOB</b>	<b>Sex</b>
Veeder, Frances E 52 Connecticut Ave Dartmouth, MA 02747		12/29/1948	F

<b>Orders for Discipline and Treatments</b>	SN: d/c Wound # 2 - Traumatic - posterior_right_palm -
<b>Goals/Rehabilitation Potential/Discharge Plans</b>	
<b>Clinician's Signature and Date</b>	Penelope Cassese LPN *E-Signature* 05/27/2025 @ 03:52 PM / Christine O'Donnell RN *E-Signature* 05/30/2025 @ 09:42 AM VO Date 05/27/2025 03:52 PM

Physician's Signature <b>X</b>	Date <b>X</b>
Stephen R Butler, DO	
<b>Date HHA Received Signed POT</b> (Sent 5/30/2025 10:40 AM)	

Physician: Dr. Butler, Stephen R.

Signature: 

Date: 6/2/2025

Electronically signed by Dr. Butler, Stephen R. on 6/2/2025