

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:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 5/28/2025 Time: 10:39 AM

CLIENT:

LEVASSEUR, MARGARET P
25 HOME ST, APT 1
FALL RIVER, MA 02720-

SSN:

DOB: 4/19/1940

MR#: C0200217639801

CERT: 5/7/2025 to 7/5/2025

Order Read Back to Physician/Agent of Physician?:

Y

ABN Delivered to Patient?:

NA

Order Date: 5/28/2025 10:35 AM

Order Type: PHYSICIAN ORDER

Order Description:

CLEANSE DISTAL PORTION OF DEHISCED ABDOMINAL WOUND WITH NS AND APPLY A DRY PROTECTIVE DRESSING
AS NEEDED FOR DRAINAGE.

Service Changes:

Calendar Frequency:

SN EFFECTIVE 05/25/2025 1WK2

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

TIFFANY BURNS, LPN

DATE: 05/28/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

LISA COUGHLIN, RN

DATE: 05/30/2025

PHYSICIAN SIGNATURE:

DATE: