

**Bishop, David Jordan**  
**30 year old Male**

MRN: **2008039**  
Date of Birth: **6/7/1994**

Agency Information

Southcoast Visiting Nurse Association Inc.  
200 Mill Road  
Fairhaven, MA 02719-5252  
Ph: 508-973-3200  
Fx: 508-973-3417

Discontinued Patient Reported Medications - Sign to Acknowledge

**Entered by Dorothy M Dussault, RN**

Entered	Order Date	Order ID	Med Start	Med End	Authorizing Provider
5/29/2025 6:45 AM	5/28/2025 12:29 PM	1096635	5/21/2025	5/28/2025	Stephen Butler, DO

**(DISCONTINUED) nitrofurantoin (MACRODANTIN) 100 MG capsule**

Sig: Take 100 mg by mouth every 12 (twelve) hours.

Reason for Discontinue: Therapy completed

Order ID for Bishop,David Jordan

1096635

Provider Comments

Provider Signature for Stephen Butler, DO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: Dr. Butler, Stephen R.

Signature: 

Date: 6/2/2025

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