



AlphaCare Home Health Agency, Inc.
PHYSICIAN ORDERS



Patient: Raposo, Paulo-MR#000004533

Caregiver: Meneses, Marie (PT) Date: 05/07/2025

Chart: 1 Episode: 2

Patient Name: Last: Raposo First: Paulo		MR Number: 000004533	DOB: 3/4/1964
Location Name: AlphaCare Home Health Agency, Inc.		Health Insurance Claim Number:	
Location Address: 1707 GAR Highway City: Swansea State: MA Zip: 02777		Location Phone: 617-600-4547 Location Fax: 855-225-2958	
Physician Name: Campbell, Michael A (DO (Dr. Alliance)) - 277 Pleasant St. Bldg 1 Ste 304 Fall River MA 02721		Physician Address: 277 Pleasant St. Bldg 1 Ste 304	
Physician Phone: (508) 672-1838 Fax: 508-672-5189 Physician NPI: 1376523621		City: Fall River State: MA Zip: 02721	
Physician Communication: Pt to continue with skilled PT service in order to address balance instability, muscle weakness, w/c training with CG, pressure sore prevention, decreased endurance and difficulty with transfers in order to achieve his maximum functional potential			
<input checked="" type="radio"/> Verbal Order <input type="radio"/> Non-Verbal Order			
Verbal Order received by: Marie Meneses DPT		Verbal Order received from: Dr. Campbell	
Date order received: 05/07/2025		Time order received: 9:00 AM	
<input type="checkbox"/> Verbal Order read back and verified		Effective Date: 05/11/2025	
ORDERS			
VISIT FREQUENCY			
PT: PT/PTA: 2 x week for 4 weeks starting 05/11/2025 (week 6)			
ORDERS:			
This form has been electronically signed by: Meneses, Marie (PT) PT 05/08/2025 11:14:59 PM EDT			
Physician's Signature:		Date:	

Physician: Dr. Campbell, Michael A.

Signature: 

Date: 6/13/2025

Clinician: clinician, Agency

Signature:

Date: 5/8/2025

Electronically signed by Dr. Campbell, Michael A. on 6/13/2025