

Physician Order: 05/20/2025 14:45 Patient: Medeiros, Olivia (MA240924075701) Order #1287734927 Date Received:		Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
Address: 329 Columbia St Fall River MA 02721		HIC#: Phone: (774) 520 -7885 Date of Birth: 07/04/1957	
Allergies: <input checked="" type="checkbox"/> Allergic to: Metformin - Nausea , vomiting			
Episode: 04/06/2025 - 06/04/2025 Diagnosis: I10. Essential (primary) hypertension E78.2 Mixed hyperlipidemia E11.9 Type 2 diabetes mellitus without complications			
Physician: MANUELA MENDES MD 289 Pleasant St FALL RIVER MA 02720		NPI: 1912904988 Phone: (508) 679-1033 Fax: (508) 675-2008	
Orders: DC following meds Vitamin B-12 Oral Tablet 1000 MCG Dose: 1 Tab(s) Frequency: 3x week on Monday , Wednesday and Friday Protonix Oral Tablet Delayed Release 40 MG Dose: 1 Tab(s) Frequency: At bedtime as needed Baclofen Oral Tablet 10 MG Dose: 1 Tab(s) Frequency: Daily as needed Vitamin D3 Oral Capsule 50 MCG (2000 UT) Dose: 1 Cap(s) Frequency: Daily			
Clinician Signature: Digitally Signed by: ANDREIA AMARAL , RN		Date 05/20/2025	
Clinician Co-Signature:		Date	
Physician Signature:		Date	

Physician: Dr. Mendes, Manuela M.

Clinician: Clinician, Agency

Signature: 

Signature:

Date: 6/5/2025

Date: 5/30/2025

Electronically signed by Dr. Mendes, Manuela M. on 6/5/2025