



AlphaCare Home Health Agency, Inc.
PHYSICIAN ORDERS

Patient: Johnson, Carolyn M.-MR#000002403

Caregiver: Desroches, Kaylee (SuperAdmin) Date: 05/08/2025

Chart: 3 Episode: 1

Patient Name: Last: Johnson First: Carolyn		MR Number: 000002403	DOB: 6/2/1956
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: Mistikawy, Hany (MD (Dr. Alliance)) - 289 Pleasant St Fall River MA 02720		Physician Address: 289 Pleasant St	
Physician Phone: (508) 679-2265 Fax: 508-646-0586 Physician NPI: 1851399034		City: Fall River State: MA Zip: 02720	
Physician Communication: Patient KTA. Referral for re-admit. SN assessment, medication management and education. POC to be determined upon SOC.			
<input checked="" type="radio"/> Verbal Order <input type="radio"/> Non-Verbal Order			
Verbal Order received by: Kaylee Desroches, RN		Verbal Order received from: M. Mistikawy, MD	
Date order received: 05/08/2025		Time order received: 10:00 AM	
<input checked="" type="checkbox"/> Verbal Order read back and verified		Effective Date: 05/14/2025	
ORDERS			
VISIT FREQUENCY			
RN: RN/LPN: (soc) 1 x day for 1 day starting 05/13/2025 (week 1)			
ORDERS:			
This form has been electronically signed by: Desroches, Kaylee (SuperAdmin) RN 05/27/2025 03:44:51 PM EDT			
Physician's Signature:		Date:	

Physician: Dr. Mistikawy, Hany A.

Clinician: clinician, Agency

Signature:

Signature:

Date: 6/3/2025

Date: 5/27/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025