

Physician Order: 05/06/2025 16:28 Patient: Travassos, Virginia (MA230818114206) Order #1289313303 Date Received:		Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
Address: 81 Stafford Rd Fall River MA 02721		HIC#: Phone: (508) 567 -0354 Date of Birth: 11/09/1942	
Allergies: <input checked="" type="checkbox"/> Allergic to: Aspirin - abdominal pain Nabumetone - elevated BP ACE Inhibitors - cough			
Episode: 04/13/2025 - 06/11/2025 Diagnosis: I10. Essential (primary) hypertension E11.9 Type 2 diabetes mellitus without complications F33.1 Major depressive disorder, recurrent, moderate			
Physician: MANUELA MENDES MD 289 Pleasant St FALL RIVER MA 02720		NPI: 1912904988 Phone: (508) 679-1033 Fax: (508) 675-2008	
Orders: Ordered by Dr. B. Lamba, dentist Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG Dose: 1 Tab(s) Frequency: Every 12 hrs for 7 days for oral infection			
Clinician Signature: Digitally Signed by: ANDREIA AMARAL , RN		Date 05/06/2025	
Clinician Co-Signature:		Date	
Physician Signature:		Date	

Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature: 

Date: 6/5/2025

Signature:

Date: 5/30/2025

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