

<b>Physician Order:</b> 04/25/2025 21:11 Patient: Travassos, Virginia (MA230818114206) Order #1289274844 Date Received:		<b>Nightingale Visiting Nurses</b> 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
<b>Address:</b> 81 Stafford Rd Fall River MA 02721		<b>HIC#:</b> <b>Phone:</b> (508) 567 -0354 <b>Date of Birth:</b> 11/09/1942	
<b>Allergies:</b> <input checked="" type="checkbox"/> Allergic to: Aspirin - abdominal pain Nabumetone - elevated BP ACE Inhibitors - cough			
<b>Episode:</b> 04/13/2025 - 06/11/2025 <b>Diagnosis:</b> I10. Essential (primary) hypertension E11.9 Type 2 diabetes mellitus without complications F33.1 Major depressive disorder, recurrent, moderate			
<b>Physician:</b> MANUELA MENDES MD 289 Pleasant St FALL RIVER MA 02720		<b>NPI:</b> 1912904988 <b>Phone:</b> (508) 679-1033 <b>Fax:</b> (508) 675-2008	
<b>Orders:</b> Prescribed by dentist , Dr. V. Lazarova New Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG Dose: 1 Tab(s) Frequency: Every 12 hrs for 10 days for Oral infection  Going back 5/1/2025 for dental work			
<b>Clinician Signature:</b> Digitally Signed by: ANDREIA AMARAL , RN		<b>Date</b> 04/25/2025	
<b>Clinician Co-Signature:</b>		<b>Date</b>	
<b>Physician Signature:</b>		<b>Date</b>	

Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature: 

Signature:

Date: 6/5/2025

Date: 5/30/2025

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