



AlphaCare Home Health Agency, Inc.  
**PHYSICIAN ORDERS**

Patient: Grasso, Thomas A.-MR#000004196

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

Chart: 4 Episode: 3

<b>Patient Name:</b> Last: <b>Grasso</b> First: <b>Thomas</b>		<b>MR Number:</b> 000004196	<b>DOB:</b> 10/5/1947
<b>Location Name:</b> AlphaCare Home Health Agency, Inc.		<b>Health Insurance Claim Number:</b>	
<b>Location Address:</b> 1707 GAR Highway City: <b>Swansea</b> State: <b>MA</b> Zip: <b>02777</b>		<b>Location Phone:</b> 617-600-4547 <b>Location Fax:</b> 855-225-2958	
<b>Physician Name:</b> Mistikawy, Hany (MD (Dr. Alliance)) - 289 Pleasant St Fall River MA 02720		<b>Physician Address:</b> 289 Pleasant St	
<b>Physician Phone:</b> (508) 679-2265 Fax: 508-646-0586 <b>Physician NPI:</b> 1851399034		City: <b>Fall River</b> State: <b>MA</b> Zip: <b>02720</b>	
<b>Physician Communication:</b> Pt to continue with skilled PT service in order to address balance instability, muscle weakness, difficulty ambulating, decreased endurance and difficulty with transfers in order to achieve his maximum functional potential			
<input checked="" type="radio"/> <b>Verbal Order</b> <input type="radio"/> <b>Non-Verbal Order</b>			
<b>Verbal Order received by:</b> Marie Meneses DPT		<b>Verbal Order received from:</b> Dr. Mistikawy	
<b>Date order received:</b> 05/07/2025		<b>Time order received:</b> 9:15 AM	
<input checked="" type="checkbox"/> <b>Verbal Order read back and verified</b>		<b>Effective Date:</b> 05/11/2025	
<b>ORDERS</b>			
<b>VISIT FREQUENCY</b>			
PT: PT/PTA: 2 x week for 2 weeks starting 05/11/2025 (week 8)			
<b>ORDERS:</b>			
This form has been electronically signed by: Meneses, Marie (PT) PT 05/08/2025 11:15:50 PM EDT			
Physician's Signature:		Date:	

Physician: Dr. Mistikawy, Hany A.

Clinician: clinician, Agency

Signature:

Signature:

Date: 6/3/2025

Date: 5/8/2025

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