



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

Patient: Kalif, David-MR#000000008

Caregiver: Carreiro, Melissa (RN) Date: 05/09/2025

Chart: 1 Episode: 44		
Patient Name:	MR Number: 000000008	DOB: 10/23/1960
Last: Kalif First: David		
Location Name: AlphaCare Home Health Agency, Inc.	Health Insurance Claim Number:	
Location Address: 1707 GAR Highway	Location Phone: 617-600-4547	
City: Swansea State: MA Zip: 02777	Location Fax: 855-225-2958	
Physician Name: Bassaly, Neveen (MD (Dr. Alliance)) - 277 Pleasant St Fall River MA 02720	Physician Address: 277 Pleasant St	
Physician Phone: (508) 672-1560 Fax: 508-672-2907	City: Fall River State: MA Zip: 02720	
Physician NPI: 1649274911	εις. ταπ ταν είνει ειρ. σε νε	
Physician Communication: FYI per Claudia Borges NP		
Verbal Order	Non-Verbal Order	
Verbal Order received by: Melissa Carreiro RN	Verbal Order received from: Dr Bassaly	
Date order received: 05/09/2025	Time order received: 1:30 PM	
✓ Verbal Order read back and verified	Effective Date: 05/10/2025	
OR	DERS	
VISIT FREQUENCY		
SN:	OT:	
PT:	ST:	
MSW:	HHA:	
RD:	OTHER:	
ORDERS:		
MEDICATIONS		
Active		
metFORMIN HCl 500 MG Tab(s) Oral 500 mg Daily Claudia Borges NP New Start Effective Date	: 05/10/2025	
INTERVENTIONS		
ENDOCRINE INTERVENTIONS Assess/Perform/Instruct Pt/Pcg: Blood glucose testing and importance of recording/monitoring	og for trands Start Effective Date: 05/10/2025	
Assess/Perform/Instruct Pt/Pcg: Blood glucose testing and importance of recording/monitoring for trends Start Effective Date: 05/10/2025 SN to assess glucose at skilled visit Start Effective Date: 05/10/2025		
SN to teach patient how to test glucose independently Start Effective Date: 05/10/2025		
Assess blood glucose PRN/As needed for s/s hypo/hyperglycemia Start Effective Date: 03/17/2	2025 Met/Discontinued Date: 05/09/2025	
This form has been electronically signed by:		
Carreiro, Melissa (RN) RN 05/10/2025 06:26:55 PM EDT		
		_
Physician's Signature:		Date:

Physician: Dr. Bassaly, Neveen N. Clinician: clinician, Agency

Signature: Signature:

Date: 6/12/2025 Date: 5/10/2025

Electronically signed by Dr. Bassaly, Neveen N. on 6/12/2025