

ACCENTCARE OF MASS, INC. DBA AC HH OF MASS  
21 FATHER DEVALLES BLVD STE 104  
FALL RIVER, MA 02723-1519  
Phone: (508) 235-5312  
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## PHYSICIAN:

RAJU SINGLA, MD  
289 PLEASANT STREET BUILDING 4 SUITE 604  
FALL RIVER, MA 02721

Phone: (508)679-5888

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## 2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 5/29/2025 Time: 9:55 AM

## CLIENT:

BURHOE, ALDEN R  
239 CROSS ROAD  
DARTMOUTH, MA 02747-

SSN: 138-20-9261

DOB: 12/15/1931 MR#: C0200089881701

CERT: 4/24/2025 to 6/22/2025

Order Read Back to Physician/Agent of Physician?:

ABN Delivered to Patient?: NA

Y

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
2774335	CLIFTON OUTPATIENT REHAB AND CLINIC	7/3/2024	8/26/2024	PARKINSONS DISEASE WITHOUT DYSKINESIA,WITHOUT MENT
	SAINT ANNES HOSPITAL	4/3/2025	4/4/2025	

Order Date: 5/29/2025 9:40 AM

Order Type: PHYSICIAN ORDER

## Order Description:

PER SLH WOUND CLINIC ORDERS FOUND IN PATIENTS HOME:

CLEANSE RIGHT LOWER LEG/WOUD WITH NORMAL SALINE, VASHE SOAK FOR 5 MINUTES, APPLY A&D OINTMENT TO PERI WOUND FOLLOWED BY ZINC BARRIER CREAM, HYDROFERA BLUE LIGHTLY MOISTENED WITH NORMAL SALINE TO WOUNDS- CUT TO SIZE, APPLY SUPER ABSORBANT PAD OVER WOUNDS, WRAP LEG FROM TOES TO KNEE WITH UNNA BOOT WITH ZINC-USING ACCORDION LIKE FOLDS OVER TIBIA, FOLLOWED BY COBAN WRAP FROM TOES TO KNEE- CHANGE 3 TIMES WEEKLY- NEXT WOUND CLINIC APPT 6/10/25

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

MELISSA CAETANO, RN

DATE: 05/29/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

LISA COUGHLIN, RN

DATE: 05/30/2025

PHYSICIAN SIGNATURE:

DATE: