

Physician Order: 05/21/2025 11:23 Patient: Desousa, Maria (MA231213065401) Order #1288093214 Date Received:		Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
Address: 179 Grant St Fall River MA 02721		HIC#: Phone: (774) 849 -1769 Date of Birth: 06/28/1954	
Allergies: <input checked="" type="checkbox"/> Allergic to: Aspirin - Pruritus Butalbital - Uk			
Episode: 04/12/2025 - 06/10/2025 Diagnosis: I10. Essential (primary) hypertension R10.84 Generalized abdominal pain K21.9 Gastro-esophageal reflux disease without esophagitis			
Physician: MANUELA MENDES MD 289 Pleasant St FALL RIVER MA 02720		NPI: 1912904988 Phone: (508) 679-1033 Fax: (508) 675-2008	
Orders: Sn to fill med planner weekly and adim ozempic sc weekly			
Goals and Interventions: Goals Added (1) Sn to fill med planner weekly and administer ozempic sc weekly Target Date: 05/21/25 Goal Term: short Interventions Added (4) SN to establish reminders to alert patient to take medications at correct times sn to fill med planner weekly sn to call in refills sn will assess med compliance sn to admin ozempic scweekly pt will comply with med regime SN to assess if the pt can verbalize an understanding of the indication for each medication			
Clinician Signature: Digitally Signed by: KAREN PAVAO , RN		Date 05/21/2025	
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