

<b>Physician Order:</b> 05/20/2025 14:45 Patient: Medeiros, Olivia (MA240924075701) Order #1287734927 Date Received:		<b>Nightingale Visiting Nurses</b> 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
<b>Address:</b> 329 Columbia St Fall River MA 02721		<b>HIC#:</b> <b>Phone:</b> (774) 520 -7885 <b>Date of Birth:</b> 07/04/1957	
<b>Allergies:</b> <input checked="" type="checkbox"/> Allergic to: Metformin - Nausea , vomiting			
<b>Episode:</b> 04/06/2025 - 06/04/2025 <b>Diagnosis:</b> I10. Essential (primary) hypertension E78.2 Mixed hyperlipidemia E11.9 Type 2 diabetes mellitus without complications			
<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> DC following meds  Vitamin B-12 Oral Tablet 1000 MCG Dose: 1 Tab(s) Frequency: 3x week on Monday , Wednesday and Friday  Protonix Oral Tablet Delayed Release 40 MG Dose: 1 Tab(s) Frequency: At bedtime as needed  Baclofen Oral Tablet 10 MG Dose: 1 Tab(s) Frequency: Daily as needed  Vitamin D3 Oral Capsule 50 MCG (2000 UT) Dose: 1 Cap(s) Frequency: Daily			
<b>Clinician Signature:</b> Digitally Signed by: ANDREIA AMARAL , RN		<b>Date</b> 05/20/2025	
<b>Clinician Co-Signature:</b>		<b>Date</b>	
<b>Physician Signature:</b>		<b>Date</b>	

Physician: Dr. Mendes, Manuela M.

Clinician: Clinician, Agency

Signature: 

Signature:

Date: 6/5/2025

Date: 5/30/2025

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