

Frequency Order: 05/17/2025 Patient: Barreira, Ilda (MA210823054601) Order #1286823018 Date Received:		Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
Address: 25 Orange St, Apt 2w Fall River MA 02720		HIC#: Phone: (508) 617 -0390 Date of Birth: 05/30/1946	
Allergies: <input checked="" type="checkbox"/> Allergic to: Acetaminophen - Unknown Ibuprofen - Unknown Morphine - Unknown Oxycodone - Unknown traMADol - Unknown			
Episode: 05/09/2025 - 07/07/2025 Diagnosis: F41.1 Generalized anxiety disorder R55. Syncope and collapse N18.31 Chronic kidney disease, stage 3a			
Physician: EHAB SORIAL MD 277 Pleasant St FALL RIVER MA 02721		NPI: 1083608442 Phone: (508) 235-5434 Fax: (508) 235-5436	
Orders: Occupational Therapy: 5/18/2025 (Sunday) - 6/21/2025 (Saturday) 2 visits per week for 5 weeks * Narrative Statement/Order Details: ot vfo 6/22/2025 (Sunday) - 7/7/2025 (Monday) 1 visit per week for 3 weeks * Narrative Statement/Order Details: ot vfo * Order date: 5/17/2025 * Ordering provider: EHAB SORIAL * Verbal order was obtained			
Clinician Signature: Digitally Signed by: JESSICA MELLO , OT		Date 05/17/2025	
Clinician Co-Signature:		Date	
Physician Signature:		Date	

Physician: Dr. Sorial, Ehab N.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/6/2025

Date: 5/30/2025

Electronically signed by Dr. Sorial, Ehab N. on 6/6/2025