



AlphaCare Home Health Agency, Inc.
PHYSICIAN ORDERS

Patient: Hamilton, Doris-MR#000000200

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

Chart: 1 Episode: 44

Patient Name: Last: Hamilton First: Doris		MR Number: 000000200	DOB: 7/4/1951
Location Name: AlphaCare Home Health Agency, Inc.		Health Insurance Claim Number:	
Location Address: 1707 GAR Highway City: Swansea State: MA Zip: 02777		Location Phone: 617-600-4547 Location Fax: 855-225-2958	
Physician Name: Tweedie, Patricia (MD (Dr. Alliance)) - 289 Pleasant St Suite 102 Fall River MA 02720		Physician Address: 289 Pleasant St Suite 102	
Physician Phone: (508) 646-7744 Fax: 508-673-1327 Physician NPI: 1639130651		City: Fall River State: MA Zip: 02720	
Physician Communication: Late entry written order omitted in error New order for ABX secondary to respiratory s/s -- COVID negative, chest CT results pending			
<input checked="" type="radio"/> Verbal Order <input type="radio"/> Non-Verbal Order			
Verbal Order received by: Melissa Carreiro RN		Verbal Order received from: Dr Tweedie	
Date order received: 04/28/2025		Time order received: 4:30 PM	
<input checked="" type="checkbox"/> Verbal Order read back and verified		Effective Date: 04/29/2025	
ORDERS			
VISIT FREQUENCY			
SN: PT: MSW: RD:		OT: ST: HHA: OTHER:	
ORDERS:			
MEDICATIONS			
Discontinued Doxycycline Hyclate 100 MG Tab(s) Oral 100 mg Twice per day Dr Tweedie New Start Effective Date: 04/29/2025 Discontinued Date: 05/09/2025			
This form has been electronically signed by: Carreiro, Melissa (RN) RN 05/11/2025 06:39:30 PM EDT			
Physician's Signature:		Date:	

Physician: Dr. Tweedie, Patricia A.

Clinician: clinician, Agency

Signature:

Signature:

Date: 6/4/2025

Date: 5/11/2025

Electronically signed by Dr. Tweedie, Patricia A. on 6/4/2025