## Lic

est Agency ensed and Certified Home Health Agency  DOCTOR ORDER			
Order Date:	05-16-2016 12:00 AM		
Physician:	ALFREDO LASSERRE, MD		
Patient Name:	101 101		
r attent Name.	101 101		
Ordered By:	Ruben Neira		
Order Description:			
doctor order ret	ro actively entered.		

Clinician Signature: Date: \_\_\_\_\_ Physician Signature: Date: \_\_\_\_\_