

BAYADA HOME HEALTH CARE INC 227539
368 FAUNCE CORNER ROAD
DARTMOUTH, MA 02747-1257
Phone: (508) 994-1003
Fax: (774) 634-3121

PHYSICIAN:

DAVID SHIH, MD
535 FAUNCE CORNER RD
NORTH DARTMOUTH, MA 02747-

Phone: (508)996-3991

Fax: (508)961-0876

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 4/15/2025 Time: 5:42 PM

CLIENT:

LEDOUX, JOSEPH
60 COULOMBE ST
ACUSHNET, MA 02743-

SSN:

DOB: 4/26/1941

CERT: 4/5/2025 to 6/3/2025

Order Read Back to Physician/Agent of Physician?:

ABN Delivered to Patient?: NA

Medicare No.:

MR#: 28700179206001

Y

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	ST. LUKE'S HOSPITAL- NEW BEDFORD THE OAKS	3/25/2025	4/4/2025	

Order Date: 4/15/2025 12:00 PM Order Type: PHYSICIAN ORDER

Order Description:

PER UPDATED PCP MED LIST FROM 4/14/25 WITH DR SHIH, PATIENT TO TAKE TRAZODONE 50 MG PO EVERYDAY AT BEDTIME.

Current Ordered Medications:

Type	Medication	Start Date/ End Date	Dose	Frequency/ New Changed	Route Financial Resp	DC Date
ADD	trazodone 50 mg tablet	4/14/2025	50 mg	BEDTIME N	ORAL OTHER	

Instructions: TAKE 50 MG BY MOUTH EVERYDAY AT BEDTIME.



Digitally signed by

Sameer S Katte

Date: 2025-01-03 20:05:11

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

NICOLE PONTE, LPN

DATE: 04/15/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

KRISTEN COSTA, CLINICAL ASSOCIATE, RN

DATE: 04/17/2025

PHYSICIAN SIGNATURE:

DATE:

Physician: Dr. Shih, David J.

Clinician: Agency, Clinician

Signature: 

Signature:

Date: 4/18/2025

Date: 4/17/2025

Electronically signed by Dr. Shih, David J. on 4/18/2025