

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

PYSICIAN:

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: Medicare No.:
 DOB: 4/26/1941 MR#: 28700179206001
 CERT: 4/5/2025 to 6/3/2025
 Order Read Back to Physician/Agent of Physician?: Y
 ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility ST. LUKE'S HOSPITAL- NEW BEDFORD THE OAKS	Admit Date 3/25/2025	Discharge Date 4/4/2025	Reason For Admission
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: 2025-04-18 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

PYSICIAN SIGNATURE:

DATE: _____

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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