



OUR SAVIOUR HEALTHCARE SERVICES INC.

205 High Point Dr, Sachse TX 75048

Phone: (469)2351576 Fax: (469)814-0990

Confidential

Fax

TO: ATTN: DR. Dr Sumana Ketha
FAX NUMBER: (972) 675 - 7310

FROM: Gertrude Akanina RN, DON.

BUSINESS PHONE: (469) 235-1576.
BUSINESS FAX: (469)814-0990.

Pages: 2 PAGES

Date/Time 10/15/2014

Subject: Please have physician sign start of care form for ADAMS DOROTHY as soon as possible and fax back to our office

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Our Saviour Healthcare Services Inc

7205 High Point Drive - Sachse, TX - 75048

❖ Phone: 469-235-1576 ❖ Fax: 469-814-0990

PHYSICIAN START OF CARE/RECERTIFICATION ORDEROrder Date: 10/15/2014☒ START OF CARE☐ RECERTIFICATION

Patient Name:

Adams Dorothy

Medical Record #:

050929

Physician Name:

Dr Sumana Ketha

Phone #:

(972) 675-7313

Fax #:

(972) 675-7310

Please sign, date and return these orders to the address or fax number at the top of this page.

Thank you for your prompt attention.

Sincerely,

SN's Name:

Curtis A. Ketha**ORDERS**☒ Admit patient to home health for certification period: 10/16/14 to 12/14/14
to assess/evaluate, provide skilled care, for continued monitoring teaching and/or exacerbation of:☐ Recert patient to home health for certification period: _____ to _____
to assess/evaluate, provide skilled care, for continued monitoring teaching and/or exacerbation of:

Discipline(s) to follow the following frequencies:

SN: 2WKL, 1WK 8 ending week of 12/07/14HHA: 2WKL, 5WK, 8 ending week of 12/07/14

PT: _____

OT: _____

ST: _____

MSW: _____

Allergies:

SIGNATURES

Signature of Clinician:

Curtis A. Ketha

Date:

10/15/2014

Signature of Physician:

State

Date:

10/29/14