

**Integrity Home Care Services Inc**  
2695 Villa Creek Dr Suite 105 Dallas TX 75234-7310  
Phone 972-681-7777 Fax 972-681-7779

**PHYSICIAN ORDER**

<b>Patient's Name:</b> BETTY BANKS	<b>MRN:</b> MCR5064
<b>Patient's Ctrl No.:</b>	<b>Patients's DoB:</b> 08/24/1949
<b>Patient's HIC No.:</b> 452925064A	<b>Date:</b> 03/19/2014
<b>Physician Name:</b> KETHA SUMANA	<b>Time:</b> 10:00am
<b>Physician</b> 2925 SKYWAY CIR IRVING TX 750385960	<b>Phone:</b> 9726757313
	<b>Fax:</b> 9726757310
<input type="checkbox"/> Start of Care <input type="checkbox"/> Plan of Care Change <input type="checkbox"/> Progress Report <input type="checkbox"/> Medication Change	
<input type="checkbox"/> Discharge <input type="checkbox"/> Recertification <input type="checkbox"/> Frequency Change <input type="checkbox"/> Post Hospital	
<input type="checkbox"/> Medical Supplies <input checked="" type="checkbox"/> Other	

**Order**

PLEASE HOLD HOME HEALTH SERVICES. PATIENT IS ADMITTED TO HOSPITAL. WILL RESUME HOME HEALTH SERVICES WHEN PATIENT IS DISCHARGED FROM HOSPITAL PER MD ORDERS.

<b>Nurse Signature:</b> Digitally Signed by: UMOH ELSIE, RN	<b>Date:</b> 03/31/2014
<b>Physician Signature:</b>	<b>Date:</b>

Physician: Dr. Ketha, Sumana

Signature: 

Date: 4/7/2014

Clinician: HAAR, KIM

Signature: 

Date: 4/3/2014