

**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**

|   |                            |
|---|----------------------------|
| Patient's Name: BETTY BANKS   | MRN: MCR5064               |
| Patient's Ctrl No.:   | Patients's DoB: 08/24/1949 |
| Patient's HIC No.: 452925064A   | Date: 01/23/2014           |
| Physician Name: KETHA SUMANA  | Time: 10:00am              |
| Physician Address 2925 SKYWAY CIR IRVING TX 750385960   | Phone: 9726757313          |
|   | Fax: 9726757310            |
| <input type="checkbox"/> Start of Care <input checked="" type="checkbox"/> Plan of Care Change <input type="checkbox"/> Progress Report <input checked="" 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 type="checkbox"/> Other  |                            |

**Clinical Findings**

at time of chart audit the following information was found to be missing on 485

**Order**

FOR PLAN OF CARE CERT PERIOD 1/8/14/TO 3814, PLEASE ADD THE DIAGNOSES OF URINARY INCONTINENCE, GAIT ABNORMALITY, AND HX. OF ALCOHOLISM. ON MED SHEET ADD LISINAPRIL/HCTZ 125/20 1 TAB ORAL 2 TIMES PER DAY AND METOPROLOL 10 MG 1 TAB ORAL 2 TIMES PER DAY. TO DME AND SUPPLIES ADD DIABETIC SUPPLIES, EXAM GLOVES, AND PROBE COVERS, TO ALLERGIES STATE NKDA, NO ALLERGIES TO LATEX OR ALLERGENS

|   |                  |
|---|------------------|
| Nurse Signature: Digitally Signed by: ALLEN PRISCILLA, RN | Date: 01/23/2014 |
| Physician Signature:                                      | Date:            |

Physician: Dr. Ketha, Sumana

Signature:  M.D.

Date: 2/4/2014