

1485 Richardson Drive, Ste. 135
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www.lucenthomehealth.com

**Lucent
Home Health, LLC**

Attention: Office Nurse

Fax

To: Sumana Ketha M.D. **From:** Igo Oporum
Fax: 972-675-7310 **Pages:** 1 W/ Cover Sheet
Phone: **Date:** January 3, 2016
Re: New MD orders/ Patient Communication **cc:**

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle


Comments:

1. Please find copy(s) & new MD Order(s)/ Patient Communication sheet(s) to your attention
2. Kindly help us expedite the process & having Dr's Signature on the order(s)/ Patient Communication Sheet(s)
 - We look forward to receiving the signed Copy(s) via our office fax: (972) 664-0139 at your earliest convenience.

① Tyndall, Vicky - Physician order - 12/31/16

Thanks,
Igo Oporum

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication an error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

Physician Order: 12/31/2016 07:36 Patient: Tyndall, Vicky (207TV091515) Order # 331730599 Date Received:		Lucent Home Health, LLC 1485 Richardson Drive, Suite 135 Richardson, TX, 75080 Phone: (972) 664-0945 Fax: (972) 664-0139	
Address: 9829 Mill Valley Ln DALLAS TX 75217		HIC#: 459157666A Phone: (972) 557 -7888 Date of Birth: 04/03/1956	
Allergies: <input checked="" type="checkbox"/> NKA (Food/ Drug/ Latex)			
Episode: 11/08/2016 - 01/06/2017 Diagnosis: N39.46 Mixed incontinence 246.6 Encounter for fitting and adjustment of urinary device J44.9 Chronic obstructive pulmonary disease, unspecified			
Physician: Sumana Ketha 2925 Skyway Circle IRVING TX 75038		NPI: 1962447805 Phone: (972) 675-7313 Fax: (972) 675-7310	
Orders: SN TO RECERTIFY PATIENT TO LUCENT HOME HEALTH; 01/07/2017 - 03/07/2017 COLLABORATION STATEMENT WITH MD: SKILLED SERVICES WILL BE REQUIRED UNTIL 03/07/2017 SN TO PERFORM SKILLED NURSING ASSESSMENT, SKILLED OBSERVATION AND EVALUATION OF VITAL SIGNS, BLOOD PRESSURE, DISEASE PROCESS, RESPONSE TO MEDICATIONS AND TO REPORT ABNORMAL FINDINGS TO MD. 485 TO FOLLOW			
Clinician Signature: Digitally Signed by: Maureen Madubuike , RN		Date 12/31/2016	
Clinician Co-Signature:		Date	
Physician Signature:  Electronically Signed By Ketha, Sumana M.D.		Date 01/11/2016	