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3129 Esters Rd. Irving, TX 75062

Fax

☑ Urgen	t ☑ For Review	☐ Please Commont	□ Please Reply	☐ Please Rocycle
Re:		CC:		
Phone:		Date:	<u>.</u> .	
Fax:	97267	5 73/OPages:	(including cover)	
To:	DI Keth	S From:		

• CONFIDENTIALITY STATEMENT:

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Comments:

Lone Star Home Health Services

3129 Esters Rd

Irving, TX 75062

Phone: (214) 441-0791 | Fax: (214) 441-0291

PHYSICIAN ORDER

Patient: Pitman, Wanda

432 Brown Dr. Irving, Tx 75061

MRN: LS625

(972) 986-9543 HIC: 452401970B 2925 Skyway Cir N

Irving, Tx 75038

Phone: (972) 675-7313 | Fax: (972) 675-7310

Physician: Ketha, Sumana MD

NPI: 1962447805

Order Date: 5/16/2016

Order #: 24503168

DOB: 12/21/1933

Episode Associated: 3/18/2016—5/16/2016

Allergies:

NKA (Food/Drugs/Latex/Environment)

Summary:

Re certification order

Verbal order

SN to re-certify patient for home health care for the cert period of 5/17/16 to 7/15/16. SN to continue assess and monitor patient's vital signs, pain, cardiopulmonary, neurological status, Notify physician any significant changes. SN to continue educate patient on diet, medication use and compliance. home safety and fall precaution.

Order read back and verified.

Clinician Signature:

Date:

Electronically Signed by: Ammini Thomas RN

5/16/2016

Physician Signature:

Date:

S. Kella, Electronically signed by Ketha, Sumana M.D. on

06/16/2016