

Calvary Health Care, Inc
2840 KELLER SPRINGS ROAD # 801 CAROOLLTON TX 75006-4875
Phone (214)6781950 Fax (214) 678-1940

PHYSICIAN ORDER

Patient's Name: LEVON WILLIAMS	MRN: CHC3102
Patient's Ctrl No.: 433703102A Patients's DoB: 03/02/1947	Date: 05/30/2016
Patient's HIC No.: 500000028095	Time: 1642
Physician Name: KETHA SUMANA MD	Phone: 9726395838
Physician 2925 SKYWAY CIRCLE NORTH IRVING TX 750385960	Fax: 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 checked="" type="checkbox"/> Recertification <input type="checkbox"/> Frequency Change <input type="checkbox"/> Post Hospital	
<input type="checkbox"/> Medical Supplies <input type="checkbox"/> Other	

Order


RECERTIFY PATIENT FOR HOME HEALTH SERVICES FOR EPISODE 06/03/2016 - 08/01/2016 WITH SN FREQUENCY 1WK9 FOR INSTRUCTION ON HYPERTENSION DISEASE PROCESS AND MANAGEMENT. PATIENT REMAINS HOMEBOUND PATIENT IS HOMEBOUND DUE TO MAXIMUM TAXING EFFORT FOR PATIENT TO LEAVE HOME, POOR ENDURANCE, SIGNIFICANT PAST HEALTH HISTORY, DEPENDENCE ON ASSISTIVE DEVICE FOR AMBULATION AND TRANSFERS DUE TO WEAKNESS, DIFFICULTY WALKING AND DEBILITY.

Nurse Signature: Digitally Signed by: OGALA CHRISTIAN, RN	Date: 05/30/2016
Physician Signature:	Date:

Physician: Dr. Ketha, Sumana

Clinician: Ogala, Christian

Signature: 

Signature: 

Date: 6/27/2016

Date: 5/30/2016