

**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

**Date:** 02/27/2014

**Patient's HIC No.:** 452925064A

**Time:** 10:00AM

**Physician Name:** KETHA SUMANA

**Phone:** 9726757313

**Physician Address:** 2925 SKYWAY CIR 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**

please recertify patient for home health services for cert eriod 03/09/2014-05/07/2014

**Nurse Signature:**

Digitally Signed by: ALLEN PRISCILLA, RN

**Date:** 02/27/2014

**Physician Signature:**

S. Ketha

Electronically Signed by Ketha, Sumana M.D.

**Date:** 3/11/2014

**PAID**  
2/29/14 AB