

VCP
Home Health Care Agency, Inc.
1425 W. Pioneer Drive • Suite 159 • Irving, TX 75061
Telephone: 972-579-0223 • Fax: 972-721-0058

FACSIMILE TRANSMITTAL SHEET	
DATE: 4/20/16	TOTAL NUMBER PAGES, including this cover sheet: (2)
TO / COMPANY: Dr. Ketha Sumana	
FAX #: 972 675 7310	
PHONE #: 972 675 7313	
FROM VCP BY: Brittey Gonzalez (Please Note That Our Office Telephone Number And Our Fax Number Are Listed Above)	
SUBJECT: William Darden	

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

Notes/Comments:

Ret order 3/26/16 - 5/24/16

Thank you!!

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RECERT ORDER

Patient Name Darden William Date 3/25/16

Medicare Number H46534108

Diagnosis Bradycardia, CHF, CKD stage 3, Gout,
Old MI, macular degeneration, radioculopathy,
Right blindness (eye), GERD,

Physician's Name Dr Sumana Ketha

Please Recertify Patient to Home Health Care Service:

Cert Period – From: 3/26/16 To 5/24/16

Skilled Nurse To: Assess and Evaluate all Body Systems; Instruct on Disease Process and Management, Medication New / Change, Home Safety and Fall Precaution. Instruct on Diet Regimen and Pain Management.

SN Frequency: 1W9

Home Health Aide Frequency: 5W9

☒ PT – Eval

☐ OT – Eval

☐ ST – Eval

☐ MSW Eval

Nurse Signature D Shalya, RN Date 3/25/16

Physician Signature/Date S. Ketha Electronically signed by Ketha, Sumana M.D. on NPI 1962447805