

Date: OCTOBER 04, 2016		
Send to: TEXAS PHYSICIAN HOUSE CALLS	From: LATARSHA SIMON Phone: 214.350.0075	
Attention: DR. SUMANA KETHA		
Fax Number: 972-675-7310	Fax Number: 214.350.0095	
	Number of Pages (including cover sheet): 2	
☐ Urgent ⊠ Reply ASAP ⊠ Please Com	ment 🗵 Please Review 🗵 For Your Information	
Comments: RE: THELMA KING		
	OOM AS POSSIBLE	
PLEASE SIGN ORDER AND FAX BACK AS S YOUR COOPERATION IS GREATLY APPREC		

Fax Cover

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Bonyl Healthcare Services, Inc.

2351 W. Northwest Hwy. Ste 2135 Dallas, TX 75220 214.350.0075 Fax 214.350.0095

2143500095

Bonyl Healthcare Services, Inc. 2351 W. Northwest Hwy., Ste 2135 Dallas TX 75220-4492 Phone (214) 350-0075 Fax (214) 350-0095

PHYSICIAN ORDER

Patient's Name:	THELMA KING	MRN:	KT-2719
Patient's Ctrl No.:	Patients's DoB: 10/23/1948	Date:	10/04/2016
Patient's HIC No.:	467822719A	Time:	09:00
Physician Name:	KETHA SUMANA MD	Phone:	9726757313
Physician	2925 SKYWAY CIRCLE NORTH SUITE B IRVING TX 75038	Fax:	9726757310
☐ Start of Care	☐ Plan of Care Change ☐ Progress Report	<u> </u>	ledication Change
Discharge	X Recertification	Po	st Hospital
☐ Medical Supplies	☐ Other		
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hypothyroidism ne to prevent compli	ale with psoriasis, diabetes, fibromyalgia, ES ed continued skilled nurse monitoring, instructions and hospitalization.	tions and m	edication management
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Nurse Signature:	Digitally Signed by: ONYEGBUNWA GODLING,	RN	Date: 10/04/2016
Physician Signature	Ketha Electronically signed by Ketha,Sumana M.D. on		. Date: 10/06/2016
and the state of t			