2695 VILLA CREEK DRIVE #105 DALLAS, TEXAS 75234 PHONE: 972-681-7777 ♦ FAX: 972-681-7779

FAX COVER SHEET

TO: Ketha Sumana	# OF PAGES (including cover)
FROM: Amy	# OF PAGES (including cover)
DATE: 3-6-14	FAX: 972-675-7310
	RETURN FAX: 972-681-7779

Please sign Physician Order On Betty Banks

Thank you [©]

PRIVACY STATEMENT

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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		08/24/1949	Date:	03/04/2014	
Patient's HIC No.:	452925064A			Time:	11:09	
Physician Name:	KETHA SUMANA			Phone:		
			i		9726757313	
	2925 SKYWAY CIR IRVI	<u></u>		Fax:	9726757310	
Start of Care	Plan of Care Cha	nge \square Progres	s Report	☐ Me	edication Change	:
Discharge	☐ Recertification	Freque	ncy Change	Post Hospital		
☐ Medical Supplies	X Other	Lab Work		***************************************		*** *** ****
Metoprolol and hyd Ketha's office. Order 1) Patient to start	tient presented with ralazine to treat unson lasix 20mg 1 table labs as soon as possible to the control of the	stable blood pre	ssure. Spoke ning. sults to off:	to Miche	675 7310	

	er tretter eine er					
Commence of the contract of th						
en la estada de la compansión de la compan						
Nurse Signature:	Digitally Signed b	y: EKORTARH MARI	E, RN		Date: 03/04/20	14

Physician Signature: 5 Ketha Electronically Signed by Ketha, Sumana M.D.

Date: 3/12/2014