

10/15/2014 11:38 4698140990

OURSAVIOUR HEALTH2R

PAGE 02



OURSAVIOUR HEALTHCARE SERVICES INC.

205 High Point Dr, Sachse TX 75048

Phone: (469)2351576 Fax: (469)814-0990

Confidential

Fax

TO: ATTN: DR. Dr Sumina Ketha
FAX NUMBER: (972) 675-7310

FROM: Gertrude Akanwa RN, DON.

BUSINESS PHONE: (469) 235-1576.
BUSINESS FAX: (469)814-0990.

Pages: 2 PAGES

Date/Time 10/15/2014

Subject: Please have physician sign start of care form for ADAMS DOROTHY as soon as possible and fax back to our office

NOTICE: The information contained in this message and document(s) may contain confidential, protected health information and is legally privileged by federal law. This message and the following document(s) are intended only for the use of the person or entity; you are notified that the message is NOT intended for you. If you are not the intended recipient, beware that any disclosure, copying, distributing or use of the contents of this message and document(s) is prohibited. Furthermore, if you are not the intended recipient, you are requested to immediately notify the sender by telephone or fax to arrange the return of the message and the document(s), at the senders expense.

10/15/2014 11:38 4698140990

OURSAVIOUR HEALTH2R

PAGE 01

Our Saviour Healthcare Services Inc

7205 High Point Drive - Sachse, TX - 75048

❖ Phone: 469-235-1576 ❖ Fax: 469-814-0990

PHYSICIAN START OF CARE/RECERTIFICATION ORDER

Order Date: 10/15/2014 ☒ START OF CARE ☐ RECERTIFICATION

Patient Name:

Adams Dorothy

Medical Record #:

DS0929

Physician Name:

Dr Sumana Ketha

Phone #:

(972)675-7313

Fax #:

(972)675-7310

Please sign, date and return these orders to the address or fax number at the top of this page.

Thank you for your prompt attention.

Sincerely,

SN's Name:

Sumana Ketha

ORDERS

☒ Admit patient to home health for certification period: 10/16/14 to 12/14/14
to assess/evaluate, provide skilled care, for continued monitoring teaching and/or exacerbation of:☐ Recert patient to home health for certification period: _____ to _____
to assess/evaluate, provide skilled care, for continued monitoring teaching and/or exacerbation of:

Discipline(s) to follow the following frequencies:

SN:

2WK1, 1WK 8 ending week of 12/07/14

HHA:

2WK1, 5WK 8 ending week of 12/07/14

PT:

OT:

ST:

MSW:

Allergies:

SIGNATURES

Signature of Clinician:

Sumana Ketha

Date:

10/15/2014

Signature of Physician:

State

Date:

10/29/14

PTHC04/11