

# 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 #:

050929

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:

C. Akhanna**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 12/07/14HHA: 2WK1, 5WK 8 ending week of 12/07/14

PT: \_\_\_\_\_

OT: \_\_\_\_\_

ST: \_\_\_\_\_

MSW: \_\_\_\_\_

Allergies:

**SIGNATURES**

Signature of Clinician:

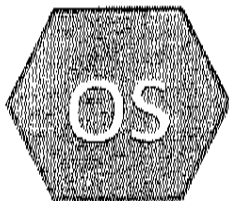
C. Akhanna

Date:

10/15/2014

Signature of Physician:

Date:



**OUR SAVIOUR HEALTHCARE SERVICES INC.**

**205 High Point Dr, Sachse TX 75048**

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

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**Confidential**

# Fax

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

**FROM: Gertrude Akanina 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**

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