

Vision Home Health Care, Inc.
409 E. Centerville Rd. Ste. 200
Garland, Texas 75041

Phone: (214)703-0767 Fax: (214) 703-0765

2nd 12/28
12/27/16
3rd request

Fax Cover Sheet

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Send to	Dr. Sumana Kethan	From	Linda Badger, Office Manager
Attention		Date	December 16, 2016
Fax Number	972-675-7310	Re	Wallace, Mildred
Phone Number	214-561-6749	CC	DOB: 10/24/1950
Total Pages (including cover)		Comm.	

☐ **URGENT**☐ Reply ASAP☐ Please comment☐ Please review☐ For your information

Comments

Dr. Ketha

I am in the process of closing this chart and discovered I do not have the
Signed attached documents in my file. Could you please sign and return for
Me? Thanks

Thanks

If you have any questions, please call me at 214-703-0767 ext. 305 Thanks

Marnie Legalle

Vision Home Health Care Inc.
409 E Centerville Road # A
Garland, TX 75041
Phone: (214) 703-0767 | Fax: (214) 703-0765

PHYSICIAN ORDER**Patient: Wallace, Mildred**

9308 Beck Avenue
107
Dallas, Tx 75228
(214) 859-0227
HIC: 458948774A

MRN: MW102450**DOB:** 10/24/1950**Physician: Ketha, Sumana MD**

2925 Skyway Circle North
Irving, Tx 75038
Phone: (972) 639-5838 | Fax: (972) 675-7310
NPI: 1356565865

Order Date: 8/19/2016 **Order #:** 914759 **Episode Associated:** 6/24/2016—8/22/2016**Allergies:** NKA (Food/Drugs/Latex/Environment)**Summary:** Recertification

ORDER DESCRIPTION: 1. Re-certify patient to home health care for the period of 08/23/2016 to 10/21/2016 and 485/POC to follow.

Diagnosis: Hypertensive chronic kidney disease w stg 1-4/unsp, Chronic kidney disease, unspecified, Essential (primary) hypertension, Dependence on renal dialysis, Hyperlipidemia, unspecified.

2. SN freq: 1w9 to assess, evaluate and educate patient on multiple disease process, meds, diet, and safety, to report exacerbations to MD and to follow orders

Primary Home Care: 16.5 hours

3. Other disciplines:

4. Home bound status: Exhibits considerable and taxing effort to leave home; Unable to safely leave home unassisted; Uses assistive device.

Diet: Heart Healthy, Renal Diet, Fluid restriction 1000/ml 24 hours

Allergies: KNA

Advance Directives, no

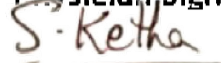
☐ Order read back and verified.

Clinician Signature:

Electronically Signed by: Mary Badger RN

Date:

8/19/2016

Physician Signature: Electronically Signed By Ketha, Sumana M.D.**Date:**

12/31/2016