

**Calvary Health Care, Inc**  
2840 KELLER SPRINGS ROAD # 801 CARROLLTON TX 75006-4875  
Phone (214)6781950 Fax (214) 678-1940

**PHYSICIAN ORDER**

<b>Patient's Name:</b> LEVON WILLIAMS	<b>MRN:</b> CHC3102
<b>Patient's Ctrl No.:</b> 433703102A <b>Patients's DoB:</b> 03/02/1947	<b>Date:</b> 03/30/2016
<b>Patient's HIC No.:</b> 500000028095	<b>Time:</b> 1638
<b>Physician Name:</b> KETHA SUMANA MD	<b>Phone:</b> 9726757313
<b>Physician</b> 2925 SKYWAY CIRCLE NORTH IRVING TX 750385960	<b>Fax:</b> 9726757310
<input type="checkbox"/> Start of Care <input type="checkbox"/> Plan of Care Change <input type="checkbox"/> Progress Report <input type="checkbox"/> Medication Change	
<input type="checkbox"/> Discharge <input type="checkbox"/> Recertification <input type="checkbox"/> Frequency Change <input type="checkbox"/> Post Hospital	
<input type="checkbox"/> Medical Supplies <input type="checkbox"/> Other	

**Order**

RECERTIFY PATIENT FOR HOME HEALTH SERVICES FOR EPISODE 04/04/2016 - 06/02/2016 WITH SN FREQUENCY 1WK9 FOR INSTRUCTION ON DISC DISORDER DISEASE PROCESS AND MANAGEMENT. PATIENT REMAINS HOMEBOUND PATIENT IS HOMEBOUND DUE TO MAXIMUM TAXING EFFORT FOR PATIENT TO LEAVE HOME, POOR ENDURANCE, SIGNIFICANT PAST HEALTH HISTORY, DEPENDENCE ON ASSISTIVE DEVICE FOR AMBULATION AND TRANSFERS DUE TO WEAKNESS, DIFFICULTY WALKING AND DEBILITY.

**Nurse Signature:** Digitally Signed by: OGALA CHRISTIAN, RN

**Date:** 03/30/2016


**Physician Signature:**

**Date:**

Physician: Dr. Ketha, Sumana

Clinician: Ogala, Christian

Signature:  M.D.

Signature:  RN

Date: 8/12/2016

Date: 3/30/2016