



# Texas Physician House Calls

*Board Certified in Internal Medicine*

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## ADMIT ORDER

**Patient's Name:** Estella Weaver

**Patient's DOB:** 11-18-1950

**Date:** 01-22-2016

**Physician Name:** KETHA SUMANA M.D.

**Physician Address:** 2925 SKYWAY CIRCLE, IRVING, TX, 75033

**Order:**

Evaluate and admit Patient to Home health care.

**Physician Signature:** 

**Date:** 01/22/2016

Electronically signed by: Sumana Ketha, M.D.