

| | | | |
|--|--|--|--|
| Physician Order: 09/03/2016 15:39 Patient: Tyndall, Vicky (207TV091515) Order # 301979213 Date Received: | | Lucent Home Health, LLC 1485 Richardson Drive, Suite 135 Richardson, TX, 75080 Phone: (972) 664-0945 Fax: (972) 664-0139 | |
| Address: 9829 Mill Valley Ln DALLAS TX 75217 | | HIC#: 459157666A Phone: (972) 557 -7888 Date of Birth: 04/03/1956 | |
| Allergies: <input checked="" type="checkbox"/> NKA (Food/ Drug/ Latex) | | | |
| Episode: 07/11/2016 - 09/08/2016 Diagnosis: N39.46 Mixed incontinence Z44.002 Encounter for fit/adjst of unsp left artificial arm J44.9 Chronic obstructive pulmonary disease, unspecified | | | |
| Physician: Sumana Ketha 2925 Skyway Circle IRVING TX 75038 | | NPI: 1962447805 Phone: (972) 675-7313 Fax: (972) 675-7310 | |
| Orders: SN TO RECERTIFY PATIENT TO LUCENT HOME HEALTH: 09/09/2016 - 11/07/2016 COLLABORATION STATEMENT WITH MD: SKILLED SERVICES WILL BE REQUIRED UNTIL 11/07/2016 SN TO PERFORM SKILLED NURSING ASSESSMENT, SKILLED OBSERVATION AND EVALUATION OF VITAL SIGNS, BLOOD PRESSURE, DISEASE PROCESS, RESPONSE TO MEDICATIONS AND TO REPORT ABNORMAL FINDINGS TO MD. 485 TO FOLLOW | | | |
| Clinician Signature: Digitally Signed by: Maureen Madubuiké , RN | | Date 09/03/2016 | |
| Clinician Co-Signature: | | Date | |
| Physician Signature: Digitally Signed by: SUMANA KETHA MD | | Date 09/20/2016 | |