



2321 Bellline Rd STE.101 Grand Prairie, TX 75051  
 PH: 214.941.9522 | FAX: 469.733.1877 | www.fchomehealth.com

# FAX

5-26-16  
 FAX

## Facsimile Transmittal

**To: Dr. SUMANA KETHA**

**From: Sonal /PCC**

**Fax: 972-675-7310**

**Page: 2**

**Phone: (972) 247-3060**

**Date: 05/26/16**

**Re: Garza Virgilio**

**cc:**

☒ **Urgent**

☐ **For Review**

☐ **Please Comment**


☐ **Please Reply**

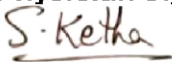
Pls sign and fax back

Thank You

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Family Connections Home Health Care 2321 South Beltline Rd. Ste 101 Box 22 Grand Prairie, TX 75051 Phone: (214) 941-9522   Fax: (469) 733-1877		PHYSICIAN ORDER	
<b>Patient: Garza, Virgilio</b> 2023 Canada Dr Dallas, Tx 75212 (214) 664-1837 HIC: 644015347M		<b>Physician: Ketha, Sumana MD</b> 2925 Skyway Cir N Irving, Tx 75038 Phone: (972) 675-7313   Fax: (972) 675-7310 NPI: 1962447805	
<b>Order Date:</b> 5/24/2016 <b>Order #:</b> 14469969 <b>Episode Associated:</b> 6/4/2016—8/2/2016 <b>Allergies:</b> NIACIN <b>Summary:</b> RECERT ORDER			
<p>Problem(s) And/or Additional Diagnosis(es):                  PLEASE RE-CERTIFY PATIENT TO HOME HEALTH CARE SERVICES FOR THE NEXT 60 DAYS.                  CERTIFICATION PERIOD IS 06/04/2016 - 08/02/2016</p> <p>SN 1W9 FOR ASSESSMENT AND TEACHING OF DISEASE PROCESS.</p> <p>Frequency/Duration and Treatment Orders/Interventions/Medications:                  NEW GOALS RELATED TO NEW CERTIFICATION PERIOD AND CHANGES IN PATIENTS                  CONDITION.</p> <p>Change in Goals: YES</p> <p>Patient Informed: YES</p> <p>Informed: X RN, <u>  X  </u> LVN, <u>      </u> PT, <u>  </u> OT, <u>  </u> SLP, <u>  </u> HCA, <u>  </u> MSW, <u>  </u> RD, <u>  </u> PCC, <u>  </u> CARE                  GIVER, <u>      </u> SUPERVISOR, <u>  </u> OTHER</p> <p>Vital Sign Out of Range MD notified.</p>			
<input checked="" type="checkbox"/> Order read back and verified.			
<b>Clinician Signature:</b> Electronically Signed by: Vaishali Patel RN		<b>Date:</b> 5/24/2016	
<b>Physician Signature:</b>  Electronically signed by Ketha, Sumana M.D. on		<b>Date:</b> 07/11/2016	

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Copy of this order also sent to: Patient's Specialist			
<input checked="" type="checkbox"/> Order read back and verified.			
<b>Clinician Signature:</b> Electronically Signed by: Vaishali Patel RN		<b>Date:</b> 5/24/2016	
<b>Physician Signature:</b>  Electronically signed by Ketha, Sumana M.D. on		<b>Date:</b> 07/11/2016	