



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

FAX

5-26-16

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**

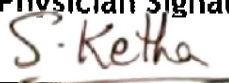
☐ **Please Reply**

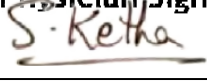
Pls sign and fax back

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	
Patient: Garza, Virgilio 2023 Canada Dr Dallas, Tx 75212 (214) 664-1837 HIC: 644015347M MRN: GAV347M DOB: 5/13/1943		Physician: Ketha, Sumana MD 2925 Skyway Cir N Irving, Tx 75038 Phone: (972) 675-7313 Fax: (972) 675-7310 NPI: 1962447805	
Order Date: 5/24/2016 Order #: 14469969 Episode Associated: 6/4/2016—8/2/2016 Allergies: NIACIN Summary: RECERT ORDER			
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 SN 1W9 FOR ASSESSMENT AND TEACHING OF DISEASE PROCESS. Frequency/Duration and Treatment Orders/Interventions/Medications: NEW GOALS RELATED TO NEW CERTIFICATION PERIOD AND CHANGES IN PATIENTS CONDITION. Change in Goals: YES Patient Informed: YES Informed: X RN, <u>X</u> LVN, ___ PT, ___ OT, ___ SLP, ___ HCA, ___ MSW, ___ RD, ___ PCC, ___ CARE GIVER, ___ SUPERVISOR, ___ OTHER Vital Sign Out of Range MD notified.			
<input checked="" type="checkbox"/> Order read back and verified.			
Clinician Signature: Electronically Signed by: Vaishali Patel RN		Date: 5/24/2016	
Physician Signature:  Electronically signed by Ketha, Sumana M.D. on		Date: 06/02/2016	

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Order Date: 5/24/2016		Order #: 14469969	Episode Associated: 6/4/2016—8/2/2016
Allergies: NIACIN			
Summary: RECERT ORDER			
Copy of this order also sent to: Patient's Specialist			
<input checked="" type="checkbox"/> Order read back and verified.			
Clinician Signature: Electronically Signed by: Vaishali Patel RN		Date: 5/24/2016	
Physician Signature:  Electronically signed by Ketha, Sumana M.D. on		Date: 06/02/2016	