

PROXIMAL HOME HEALTHCARE

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Fax

To: DR. KETHA

From: Osas Erhabor RN/BSN

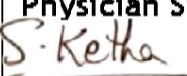
Fax: 972-675-7310

Pages: 2

Re: WILKE WALKER

Date: October 25, 2016

WILKIE WALKER RECERT- ORDER

Proximal Home Healthcare Inc 8330 Lyndon B Johnson Frwy Suite 365 Dallas, TX 75243 Phone: (214) 253-2558 Fax: (214) 432-5497		<h2 style="margin: 0;">PHYSICIAN ORDER</h2>
Patient: Walker, Wilkie D 7835 Military Prkwy Apt 217 Dallas, Tx 75227 (214) 809-0417 HIC: 453302820A	MRN: PHCC030 DOB: 6/10/1925	Physician: Ketha, Sumana MD 2925 Skyway Cir N Irving, Tx 75038 Phone: (972) 639-5838 Fax: (972) 675-7310 NPI: 1962447805
Order Date: 10/25/2016 Order #: 34520279 Episode Associated: 10/31/2016—12/29/2016 Allergies: NKA (Food/Drugs/Latex/Environment) Summary: Re-Cert Order		
<p>Episode: 10/31/2016 to 12/29/2016</p> <p>Orders:</p> <p>Re-Certify for Home Health Care Services</p> <p>Re-Certify to Proximal Home Health Inc</p> <p>I certify/recertify that this patient is confined to his/her home and needs one or more of the following:</p> <p>Skilled Nursing Care</p> <p>The patient has had a face to face encounter by me and is under my care. I have authorized the services on this plan of care and will periodically review the plan</p>		
<input type="checkbox"/> Order read back and verified.		
Clinician Signature: Electronically Signed by: Osasogie Erhabor RN		Date: 10/25/2016
Physician Signature:  Electronically signed by Ketha, Sumana M.D. on		Date: 10/31/2016