08/3/2016 02:56 PDT TO:19726757310 FROM:9726742923 Page:

- Fax Transmission

To: Ketha, Sumana MD From: JACOP Healthcare Services

Fax: 19726757310 **Date:** 8/3/2016

RE: De Alvarado, Teodora Re-certification **Pages:** 2

Comments:

Jacop Healthcare Services Inc 3560 Quannah Drive Grand Prairrie, TX 75052

Phone: (972) 325-1598 | Fax: (972) 752-7087

Patient: De Alvarado, Teodora Physician: Ketha, Sumana MD

2542 Poinciana Pl Dallas, Tx 75212

Dallas, Tx 75212 (214) 634-2024 **DOB:** 6/3/1936

HIC: 543270878B

MRN: DT060336 2925 Skyway Cir N Irving, Tx 75038

Phone: (972) 675-7313 | Fax: (972) 675-7310

PHYSICIAN ORDER

NPI: 1962447805

Allergies: NKDA

Summary: Re-certification

Please re-certify patient into home health for the period covering 08/08/2016 to 10/06/2016. Patient remains home bound due to a taxing effort to leave home and dependence on assistive device. SN to perform intermittent skilled care, medications administration, and diet regimen for the ongoing disease process/diagnosis. Patient to be discharged if all goals met.

I certify that the patient is under my care and has authorized the care/services and will periodically review the plan of care.

Order read back and verified.

Clinician Signature: Date:

Electronically Signed by: Angela Ananti RN 8/3/2016

Clinician Co-Signature: Date:

Physician Signature: Date:

Electronically signed by Ketha, Sumana M.D. on