


EMRICK SERVICES INC  
2301 Forest Lane Suite 400, Garland, TX. 75042 Tel.972-494-5444 Fax.972-494-2331  
**Re-Cert Order**

<b>Physician Name:</b> KETHA SUMANA , MD	<b>Address:</b> 2925 Skyway Cir N Ste. B
<b>Tel:</b> 972-675-7313	
<b>Fax:</b> 972-675-7310	Irving TX 75038
<b>Nurse or Therapist's Signature:</b>	<b>Date of this Document:</b>
Thomas-Stahle Nancy Ann, RN	05/11/2016
<b>Patient's Name:</b> Woodard Garland	<b>Patient Number:</b> EMH418
<b>Episode:</b> 05/15/2016 to 07/13/2016	
<b>Orders:</b> Re-Certify for Home Health Care Services Re-Certify to <b>EMRICK SERVICES INC</b>	
<b>Additional Orders:</b> SN to perform skilled assessment, skilled observation, teaching of disease process, diet and medication, procedure and evaluation of treatment. (X) SN Frequency: 1W9 ( ) HHA Frequency: ( ) PT: to evaluate and establish goals. ( ) MSW: for socio-economic evaluation. ( ) for other: _____ ( ) OT: to evaluate and establish goals. ( ) SP: to evaluate and establish goals.	
PLEASE SIGN AND RETURN TO OUR OFFICE WITHIN 48 HOURS. THANK YOU	
_____ Physician's Signature	_____ Date

1/1

Physician: Dr. Ketha, Sumana

Signature:  M.D.

Date: 8/12/2016

Clinician: Thomas-Stahle, Nancy  
A.

Signature:

Date: 5/17/2016