

Bonyl Healthcare Services, Inc.

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| Date: OCTOBER 04, 2016 | |
| Send to: TEXAS PHYSICIAN HOUSE CALLS | From: LATARSHA SIMON |
| Attention: DR. SUMANA KETHA | Phone: 214.350.0075 |
| Fax Number: 972-675-7310 | Fax Number: 214.350.0095 |
| | Number of Pages (including cover sheet): 2 |
| <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Reply ASAP <input checked="" type="checkbox"/> Please Comment <input checked="" type="checkbox"/> Please Review <input checked="" type="checkbox"/> For Your Information | |
| Comments: <u>RE: THELMA KING</u> <u>PLEASE SIGN ORDER AND FAX BACK AS SOON AS POSSIBLE.</u> <u>YOUR COOPERATION IS GREATLY APPRECIATED</u> | |

Fax Cover

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Bonyl Healthcare Services, Inc.

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Bonyl Healthcare Services, Inc.
2351 W. Northwest Hwy., Ste 2135 Dallas TX 75220-4492
Phone (214) 350-0075 Fax (214) 350-0095

PHYSICIAN ORDER

Patient's Name: THELMA KING

Patient's Ctrl No.:

Patients's DoB: 10/23/1948

MRN: KT-2719

Date: 10/04/2016

Patient's HIC No.: 467822719A

Time: 09:00

Physician Name: KETHA SUMANA MD

Phone: 9726757313

Physician 2925 SKYWAY CIRCLE NORTH SUITE B IRVING TX
75038

Fax: 9726757310

☐ Start of Care
 ☐ Plan of Care Change
 ☐ Progress Report
 ☐ Medication Change
☐ Discharge
 ☒ Recertification
 ☐ Frequency Change
 ☐ Post Hospital
☐ Medical Supplies
 ☐ Other

Clinical Findings

A 67 years old female with psoriasis, diabetes, fibromyalgia, ESRD, CHF, CAD, GERD, hypothyroidism need continued skilled nurse monitoring, instructions and medication management to prevent complications and hospitalization.

Order

Recertify patient for home health care services for the episode of 10/12/2016 - 12/10/2016.

Nurse Signature:

Digitally Signed by: ONYEGBUNWA GODLING, RN

Date: 10/04/2016

Physician Signature:

S. Ketha

Electronically signed by Ketha, Sumana M.D. on

Date:

10/06/2016