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INTERIM ORDERS

Send To

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Jillian Buhler, MD 1 General Street Lawrence, MA 01841 (978) 683-4000 Fax (978) 946-8181

Medical Record No.

Insurance

Start of Care

Certification Period

1111111

11/24/2014

11/24/2014 Through 01/22/2015

Patient

DOB

Healthwyse, Betty QA

3/17/1963

F

Watertown, MA 02471

Clinical Summary

: Physician Narrative describing the clinical justification of the need for skilled nursing for management and evaluation of the patient's plan of care:

Mr. HealthWyse is at risk hospitalization due to polypharmacy, forgetfulness, and inadequate nutrition/hydration. He is on more than 20 medications and is unable to safely manage these by himself. He is not eating well and has a recent weight loss of 20 lbs. There are multiple family members and friends who are willing to help with his many needs. Teaching is required in order for his multiple caregivers to be able to coordinate this

complex plan of care.

Clinician's Signature and Date

Melanie Murphy RN VO Date 02/20/2015 01:56 PM

Physician's SignatureX

DateX

Jillian Buhler, MD

Date HHA Received Signed POT