

Patenh 8511 Á@•3aa Á@a!^•• Š& }, Ca 95111 (ccc) ccc-cccc HIC: cccccccccc	Physician: HYghD\ ngjWUb M.D ííí Á@•3aa Á@a!^•• Š& }, Ca 95111 Phone: (ccc) ccc-cccc Fax: (ccc) ccc-cccc NPI: cccccccccc
--	--

Send To: HYghD\ ngjWUb ííí Á@•3aa Á@a!^•• Š& }, Ca 95111 Phone: (ccc) ccc-cccc Fax: (ccc) ccc-cccc NPI: cccccccccc	Copy To (optional):
--	----------------------------

Order Date: 05/14/2018 **Order #:** 1YYYYY **Episode Associated:** 05/08/2018 - 07/06/2018
Effective Date: 05/14/2018 **Time:** 10:45 AM
Allergies: codeine, morphine, phosphate, sulfate
Summary: CONTINUATION OF PT ORDERS

Frequency Change:
 Physical Therapy: 2W3
 Effective from 05/14/2018

Physical Therapy to instruct patient/caregiver in safe transfer training and provide instruction for equipment use and proper body mechanics. TRANSFER POLE RECENTLY ACQUIRED AND INSTALLED . PT VISITS INDICATED TO ASSESS PATIENT POTENTIAL FOR TRANSFER POLE, PATIENT/CAREGIVER TRAINING FOR TRANSFER TRAINING WITH T-POLE IF INDICATED

Order read back and verified.

Clinician Signature:	Date:
Electronically Signed by: Test Clinician PT	05/14/2018

Physician Signature:	Date:
Electronically Signed by: Test Physician M.D.	05/21/2018