ProHealth
Home Care

DEMO-100004

Detailed Written Order — Medical Supplies

Patient: NELSON, ANITA - MR#70004 Caregiver: Ernest Okafor (RN) Date: 11/19/2026

Patient Name: **Last: NELSON First: ANITA**	MR Number: **70004**	DOB: **03/28/1961**
Location Name: **ProHealth Home Health Stockton**	Location Number: **03**	
Location Address: 4388 Palm Ave Suite: City: Stockton State: CA Zip: 95207	Location Phone: (877) 852-4085 Location Fax: (877) 257-7840	
Physician Name: **ANDERSON, MEGHAN (MD) - 8290 Oak Ave, Detroit MI 48226**	Physician Address: 8290 Oak Ave City: Detroit State: MI Zip: 48226	
Physician Phone: **(313) 909-5748 Fax: (313) 779-6631**	Physician NPI: **1790935419**	
Order Date: **11/19/2026**	Requested Delivery: **11/21/2026**	Height / Weight: **60 in / 103 lbs**
Supplier: **Summit Health Equipment**	Medicare ID: **1NC7AF5EX54**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Fracture of unsp part of neck of right femur, subs	11/19/2026	S72.001D
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Dysphagia, oropharyngeal phase	11/19/2026	R13.12
c. Anemia, unspecified	11/19/2026	D64.9
d. Hypothyroidism, unspecified	11/19/2026	E03.9
e. Unsteadiness on feet	11/19/2026	R26.81
f. Chronic kidney disease, unspecified	11/19/2026	N18.9

Items Ordered

HCPCS: **T4527**	Adult-sized disposable incontinence product, protective underwear, large	Qty: **120 / month**	LON: **99 (lifetime)**
Medical necessity: **Medically necessary for ongoing care**			
HCPCS: **A6212**	Foam dressing, wound cover, 4x4 in, with adhesive border	Qty: **30 / month**	LON: **99 (lifetime)**
Medical necessity: **Medically necessary for ongoing care**			
HCPCS: **A4253**	Blood glucose test strips, box of 50	Qty: **2 boxes / month**	LON: **99 (lifetime)**
Medical necessity: **Medically necessary for ongoing care**			
HCPCS: **A4927**	Gloves, non-sterile, per 100	Qty: **4 boxes / month**	LON: **99 (lifetime)**
Medical necessity: **Medically necessary for ongoing care**			

I certify that the items ordered are medically necessary and reasonable for the treatment of the patient's condition. The patient has been evaluated in a face-to-face encounter within the last 6 months.

Physician's Signature & Date:	Physician NPI: **1790935419**

This form has been electronically signed by:

Ernest Okafor (RN) 11/19/2026 10:54:43 AM PST
Anita Moore (Clinical Manager) 11/21/2026 02:52:21 PM PST

Awaiting physician e-signature (Ordina)
Dr. Meghan Anderson, MD