ProHealth
Home Care

DEMO-100007

Verbal Order / Physician Interim Order

Patient: THOMPSON, NORMA - MR#70007 Caregiver: Howard King (LVN) Date: 11/16/2026

Patient Name: **Last: THOMPSON First: NORMA**	MR Number: **70007**	DOB: **03/15/1930**
Location Name: **ProHealth Home Health Monterey**	Location Number: **01**	
Location Address: 2605 Center St Suite: City: Monterey State: CA Zip: 93940	Location Phone: (877) 381-5342 Location Fax: (877) 495-7516	
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: **11/16/2026**	Effective Date: **11/16/2026**	Discipline: **SN**
Order Type: **Verbal Order**	Reason for Order: **Medication change**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Hemiplegia following cerebral infarction, right dominant	11/16/2026	I69.351
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Hyperlipidemia, unspecified	11/16/2026	E78.5
c. Obstructive sleep apnea	11/16/2026	G47.33
d. Anemia, unspecified	11/16/2026	D64.9

Physician Orders

Frequency / Duration: 1W9
1. SN to instruct on fall-prevention and home safety measures.

Verbal Order

Verbal order received on 11/16/2026 at 9:26 by Howard King, LVN. Order read back and verified with physician: Yes.

I have reviewed the above orders and authorize the services described. These orders are an addendum to the current plan of care.

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

This form has been electronically signed by:
Howard King (LVN) 11/17/2026 06:32:59 PM PST
Beverly Lee (Clinical Manager) 11/17/2026 02:43:20 PM PST

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