ProHealth
Home Care

DEMO-100011

Physician Interim Order

Patient: ALLEN, ANITA - MR#70008 Caregiver: Ralph Nakamura (RN) Date: 11/10/2026

Patient Name: **Last: ALLEN First: ANITA**	MR Number: **70008**	DOB: **10/15/1948**
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: **11/10/2026**	Effective Date: **11/10/2026**	Discipline: **SN**
Order Type: **Skilled Nursing Orders**	Reason for Order: **Missed visit make-up**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Fracture of unsp part of neck of right femur, subs	11/10/2026	S72.001D
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Obstructive sleep apnea	11/10/2026	G47.33
c. Hyperlipidemia, unspecified	11/10/2026	E78.5
d. Essential (primary) hypertension	11/10/2026	I10
e. Hypothyroidism, unspecified	11/10/2026	E03.9

Physician Orders

Frequency / Duration: 3W2, 2W3
1. SN to instruct patient/caregiver on diabetic management, foot care and hypoglycemia signs; check fasting blood sugar each visit.

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:
Ralph Nakamura (RN) 11/11/2026 05:43:43 PM PST
Frank Okafor (Clinical Manager) 11/12/2026 09:23:43 AM PST

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

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