ProHealth
Home Care

DEMO-100012

Hospice Physician Order

Patient: GONZALEZ, LORRAINE F - MR#70009 Caregiver: Albert Abernathy (RN) Date: 11/21/2026

Patient Name: **Last: GONZALEZ First: LORRAINE**	MR Number: **70009**	DOB: **11/01/1949**
Location Name: **ProHealth Hospice San Jose**	Location Number: **02**	
Location Address: 9004 Harbor Blvd Suite: City: San Jose State: CA Zip: 95134	Location Phone: (877) 653-1459 Location Fax: (877) 788-2232	
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: **11/21/2026**	Effective Date: **11/21/2026**	Discipline: **SN**
Order Type: **Hospice Medication Orders**	Reason for Order: **Per evaluation findings**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Chronic obstructive pulmonary disease, unspecified	11/21/2026	J44.9
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Gastro-esophageal reflux disease without esophagitis	11/21/2026	K21.9
c. Unsteadiness on feet	11/21/2026	R26.81
d. Major depressive disorder, single episode, unspecified	11/21/2026	F32.9
e. Anemia, unspecified	11/21/2026	D64.9

Physician Orders

Frequency / Duration: Per hospice comfort-care protocol
1. Start: Oxygen 2 L/min via nasal cannula continuous
2. Start: Atropine 1% ophthalmic solution 2 drops SL q4h PRN secretions
3. Start: Senna 8.6 mg 2 tabs PO at bedtime

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:
Albert Abernathy (RN) 11/21/2026 02:46:51 PM PST
Harold Campbell (Clinical Manager) 11/24/2026 07:26:47 PM PST

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