ProHealth
Home Care

DEMO-100008

Physician Interim Order

Patient: DELGADO, ANITA - MR#70001 Caregiver: Lucille Gardner (RN) Date: 11/19/2026

Patient Name: **Last: DELGADO First: ANITA**	MR Number: **70001**	DOB: **05/25/1930**
Location Name: **ProHealth Therapy & Rehab Fresno**	Location Number: **04**	
Location Address: 6240 Elm St Suite: City: Fresno State: CA Zip: 93721	Location Phone: (877) 402-7927 Location Fax: (877) 485-2473	
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**	Effective Date: **11/19/2026**	Discipline: **SN**
Order Type: **Skilled Nursing Orders**	Reason for Order: **Per evaluation findings**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Pneumonia, unspecified organism	11/19/2026	J18.9
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Obstructive sleep apnea	11/19/2026	G47.33
c. Type 2 diabetes mellitus without complications	11/19/2026	E11.9

Physician Orders

Frequency / Duration: 1W1, 2W3, 1W4
1. SN to instruct on fall-prevention and home safety measures.

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:
Lucille Gardner (RN, CHPN) 11/19/2026 03:15:49 PM PST
Arthur Reyes (Intake Coordinator) 11/21/2026 03:05:13 PM PST

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

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