ProHealth
Home Care

DEMO-100006

Hospice Physician Order

Patient: LOPEZ, IDA - MR#70006 Caregiver: Juanita Baker (RN) Date: 11/20/2026

Patient Name: **Last: LOPEZ First: IDA**	MR Number: **70006**	DOB: **06/09/1933**
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: **11/20/2026**	Effective Date: **11/20/2026**	Discipline: **SN**
Order Type: **Hospice Medication Orders**	Reason for Order: **Medication change**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Cerebral atherosclerosis	11/20/2026	I67.2
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Anemia, unspecified	11/20/2026	D64.9
c. Hyperlipidemia, unspecified	11/20/2026	E78.5

Physician Orders

Frequency / Duration: Per hospice comfort-care protocol
1. Start: Acetaminophen 650 mg PO q6h PRN pain
2. Start: Senna 8.6 mg 2 tabs PO at bedtime
3. Start: Atropine 1% ophthalmic solution 2 drops SL q4h PRN secretions
4. Start: Haloperidol 0.5 mg PO q6h PRN agitation
5. Start: Lorazepam 0.5 mg SL q4h PRN anxiety

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:
Juanita Baker (RN) 11/20/2026 10:27:22 AM PST

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

Dummy Signature

Digital Signature
Dr. MEGHAN ANDERSON