Medical Update for Vladimir Pearson DOB: 12/16/1979

Date Order Created: 09/02/2025

Order ID: 179/11900

Agency Assigned Id: 7028

Certification Period: 08/01/2025 to 09/29/2025

Home Health Cares 368102
579# EAST MARKET@STREETS
HARRISONBURG, VA 22801-1234
PHONE 540-433-7146 FAX

Orders:
Physician Face-to-Face Date:
Clinical Condition Requiring Home Care per Certifying Physician: Stroke
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home
1 - SOC - SN Notes: Created 1 - SOC - SN by admission

Joy De Castro

, ME
Tele:2077499791 FAX: 12072219995

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by , Marion Date 09/02/2025