Medical Update for Fax Test DOB: 09/03/1960

Date Order Created: 09/03/2025

Order ID: 1183/256

Agency Assigned Id: FaxTest01

Certification Period: 08/11/2025 to 10/09/2025

Delta Health Home Health 041101
70 Stafford Land Suite C
Delta, CO 81416-2282
PHONE 970-874-2463 FAX

Orders:
Physician Face-to-Face Date: 08/09/2025
Clinical Condition Requiring Home Care per Certifying Physician: Diabetes, Hypertension
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
1 - SOC - SN Notes: Diabetes, Hypertension

Physician Test
310, NATARAJAPURAM 4TH EAST STREET

310, NATARAJAPURAM 4TH EAST STREET, HI 628502
Tele:999-999-999 FAX: 12072219995

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Team MHCB, Date 09/03/2025