Medical Update for Nellie Lewis DOB: 02/20/1953

Date Order Created: 09/22/2025

Order ID: 1184/192

Agency Assigned Id: 01

Certification Period: 09/12/2025 to 11/09/2025

Devotion Home Health Care, LLC MED8891
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX

_____

Orders:
Change SN frequency to weekly for skin checks due to frequent pressure ulcers.

_____

JOEL COHEN
7010 E ACOMA DR SUITE 102

7010 E ACOMA DR SUITE 102, AZ 85254-3553
Tele:480-575-0576 FAX: 14805750512

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by JOHNSON, LAURA Date 09/22/2025