

Medical Update for Antonette Marando DOB: 09/10/1965

Date Order Created: 09/26/2025

Order ID: 1184/205

Agency Assigned Id: 1211

Certification Period: 07/31/2025 to 09/28/2025

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

Orders:

Authorization changes of PT skill Total Visits: 13 and Visit Freq: 13

*09/26/2025 Problems : swelling in the arms/legs (CR)
limited range of motion (MS)*

*09/25/2025 Medications: Roxicodone - Oxycodone Hydrochloride 5 mg 1 by mouth every 6 hours As
needed for pain
Keflex - Cephalexin eq 500 mg base 1 by mouth every 6 hours For 7 days*

*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 DELGADO, MELISSA Date 09/26/2025