

Medical Update for Maureen Healy DOB: 10/09/1950

Date Order Created: 12/29/2025

Order ID: 1184/340

Agency Assigned Id: 1263-1

Certification Period: 11/19/2025 to 01/17/2026

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

Orders:

Increase SN frequency to 3 times per week until left foot wound is healed.

New wound care orders: LEFT FOOT WOUND (between great and 2nd toe) apply betadine to wound bed 3 times per week and prn until wound is healed.

*ZACHARY FLYNN
11209 N TATUM BLVD SUITE B100*

*11209 N TATUM BLVD SUITE B100 , AZ 85028
Tele:(602) 973-3888 FAX: 16029733028*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by JOHNSON, LAURA Date 12/29/2025