

**Medical Update for Rosie Teller DOB: 12/04/1954**

**Date Order Created:** 07/10/2026

**Order ID:** 1184/630

**Agency Assigned Id:** 1373

**Certification Period:** 07/07/2026 to 09/04/2026

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

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**Orders:**

*VO for wound/skin care and incontinence supplies:  
Triad cream or barrier cream  
Adult wipes for incontinence care  
Chux (large)  
Adult briefs size 2x (not pull up style)  
Medium gloves*

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**DANIELLA WILDE**  
*7010 E. Acoma Dr. Ste .102*

*7010 E. Acoma Dr. Ste .102, AZ 85254-3550  
Tele:480-575-0576 FAX: 14805750512*

Physician Signature\_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: Electronically Signed by DELGADO, MELISSA      Date 07/10/2026