

Medical Update for Cathleen Sam DOB: 07/08/1965

Date Order Created: 08/02/2026

Order ID: 1184/652

Agency Assigned Id: 1417

Certification Period: 07/08/2026 to 09/05/2026

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

Orders:

*Increase SN visits to twice per week for 2 weeks following pt's right knee surgery on 7/29/26.
Afterward pt will be seen once per week throughout the certification period.*

Effective 8/2/26: SN 2w2, 1w3 and 2 prn wound or diabetic complications

TAMARA MILLER
4212 N 16TH ST

4212 N 16TH ST, AZ 85016
Tele:(602) 263-1200 FAX: 16022631665

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by JOHNSON, LAURA Date 08/02/2026