Medical Update for Crystal Sanchez DOB: 05/15/1991

Date Order Created: 08/17/2026

Order ID: 1184/684

Agency Assigned Id: 480

Certification Period: 08/12/2026 to 10/10/2026

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

Orders:
Revised Ostomy Care monthly supply order:
Change twice weekly and as needed for complications
Ostomy wash bottle - 1
Cleansing wipes - covered quantity per insurance
Disposal bags and Travel kit - allowable quantity per insurance
1 bottle Stoma powder
1 bottle adhesive remover spray
No Sting Skin barrier film (spray or ones with stick applicator preferred) 30 count if not spray bottle
1 tube Ostomy paste
CeraPlus Rings #8805 (15 count minimum)
Hollister wafer #11203 2 1/4" - 3 boxes
Hollister pouch #18193 2 1/4" with filter - 3 boxes
1 box small gloves
1 gauze loaf 4x4
Sterile 4x4 gauze - 30 count
1 bottle Ostomy pouch deodorizer
Alcohol prep pads - 100 count
CeraPlus Barrier Extenders #79402 - 1-2 packages

TAYLOR ALLISON LUKAS
20440 N 27TH AVE

20440 N 27TH AVE, AZ 85027-3240
Tele:480-882-4545 FAX: 14808825814

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 08/17/2026