Medical Update for Klaus Testing DOB: 01/01/1980

Date Order Created: 07/16/2026

Order ID: 179/13461

Agency Assigned Id: 8692

Certification Period: 07/15/2026 to 09/12/2026

Home Health Cares 368102
579# EAST MARKET@STREETS
HARRISONBURG, VA 22801-1234
PHONE 540-433-7146 FAX

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Orders:
Physician Face-to-Face Date:
Clinical Condition Requiring Home Care per Certifying Physician: Placeholder
Homebound Status per Certifying Physician:
1 - SOC - PT Notes: a

_____

Manojkumar G
310/184

310/184, ME 01542
Tele:987-987-8676 FAX: 12072219995

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by , Date 09/14/2026