HomeCentris Healthcare LLC
MD217058
10 Crossroads Drive,
Suite 102
Owings Mills, MD
21117-8284
Phone: 410-321-8448
Fax: 410-559-3002

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 04/17/2024	**PATIENT INFORMATION**
ORDER ID: 1150/2241	**PATIENT NAME:** Test Fax / **DOB:** 04/17/1960
AGENCY ASSIGNED ID: 01FaxTest	**ADDRESS:** #13 Main St., SCHENECTADY, NY 12345-
CERTIFICATION PERIOD: 01/09/2024 to 03/08/2024	**PHONE:** 098-778-3344
PHYSICIAN FACE-TO-FACE DATE: 01/08/2024	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Diabetes, hypertension

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Physician Face-to-Face Date: 01/08/2024
2	Clinical Condition Requiring Home Care per Certifying Physician: Diabetes, hypertension
3	Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home
4	1 - SOC - SN Notes: Sample Orders

5	1 - SOC - SN Notes: Sample Orders

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Jane Doe	
ADDRESS: 16600 W Outer DR, Wayne County, MI 2449	
PHONE: 789-254-7777	**FAX:** 12072219995

VERBAL ORDER AUTHORIZATION	
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.	
PHYSICIAN SIGNATURE Signature: _____ Date: _____	**STAFF SIGNATURE (RECEIVED BY)** Signature: *Electronically Signed by MHCB Team, Other,* Date: *04/24/2024*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.