Medical Update for Test Patient 4 DOB: 07/16/1952

Date Order Created: 07/27/2026

Order ID: 1195/267

Agency Assigned Id: 1232341345345

Certification Period: 07/21/2026 to 09/18/2026

Evergreen Home Health IQ00000001285673
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX

Orders:
test

CHRIS AKINS
560 W MITCHELL ST # 125

560 W MITCHELL ST # 125, MI 49770
Tele:(231) 487-2490 FAX: 12314874001

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 07/27/2026