

Medical Update for SHELDON CROUCH DOB: 06/24/1952

Date Order Created: 07/23/2026

Order ID: 1195/241

Agency Assigned Id: 680

Certification Period: 05/23/2026 to 07/21/2026

*Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX*

Orders:

*07/21/2026 Medications: Buspar - Buspirone Hydrochloride 10 mg by mouth three times a day
Predisone - Prednisone 5mg by mouth in the morning*

*TABITHA PARDO
825 N CENTER AVE STE 140*

*825 N CENTER AVE STE 140, MI 49735-1592
Tele:(989) 731-7870 FAX: 19897317837*

Physician Signature _____ Date _____

Staff Signature: Electronically Signed by GRANDCHAMP, SAVANNAH Date 08/04/2026