Medical Update for HOLLY GUADARRAMA DOB: 01/03/1975

Date Order Created: 08/04/2026

Order ID: 1195/404

Agency Assigned Id: 171

Certification Period: 06/03/2026 to 08/01/2026

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

Orders:
07/30/2026 Problems : pallor (SK)
limited endurance (MS)
limited strength (MS)
poor muscle tone (MS)
muscle weakness (MS)

08/02/2026 Medications: BACLOFEN 10 MG / 1 Packet by mouth every 8 hours 1-3 times per day
ONDANSETRON 4 MG / 1 Tablet by mouth as necessary every 6 hours as needed for Nausea and Vomiting
PROMETHAZINE 25 MG / 1 suppository rectal four times a day

RICHARD SHOSKEY
560 W. MITCHELL STREET, SUITE C70

560 W. MITCHELL STREET, SUITE C70, MI 49770
Tele:(231) 487-7200 FAX: 12314877188

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 08/04/2026