

Medical Update for PAUL KOSLAKIEWICZ DOB: 09/11/1960

Date Order Created: 07/31/2026

Order ID: 1195/376

Agency Assigned Id: 668

Certification Period: 07/20/2026 to 09/17/2026

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

Orders:

PT to eval and treat

OT to eval and treat

*DAVID HUNTER
1910 EAST MILLER ROAD*

*1910 EAST MILLER ROAD , MI 48621
Tele:(989) 848-5644 FAX: 19893184606*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by STRICKLER, SYDNEY Date 08/19/2026