

Medical Update for NORMAN PESONEN DOB: 05/02/1935

Date Order Created: 08/20/2026

Order ID: 1195/715

Agency Assigned Id: 691

Certification Period: 07/26/2026 to 09/23/2026

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

Orders:

08/07/2026 procedure: home exercise program, Notes: Adding new HEP procedure with details: DISCONTINUED, home exercise program, Notes: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated.,

*JENNIFER MCBRIDE
3040 BOURN ST*

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PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by CHURCHES, KENDRA

Date 08/27/2026