Medical Update for DANIEL GOWANS DOB: 10/05/1962

Date Order Created: 08/31/2026

Order ID: 1195/1086

Agency Assigned Id: 413

Certification Period: 08/09/2026 to 10/07/2026

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

Orders:
Authorization changes of SN skill Total Visits: 6 and Visit Freq: WK1: 1 (08/09/26-08/15/26),WK3: 1 (08/23/26-08/29/26),WK4: 1 (08/30/26-09/05/26),WK5: 1 (09/06/26-09/12/26),WK7: 1 (09/20/26-09/26/26),WK9: 1 (10/04/26-10/07/26)

08/31/2026 Medications: Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth every 8 hours

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KATHLEEN PAWLANTA
829 N CENTER AVE SUITE 210

829 N CENTER AVE SUITE 210, MI 49735-1595
Tele:(989) 731-7860 FAX: 19897317833

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 08/31/2026