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

Date Order Created: 08/31/2026

Order ID: 1195/1033

Agency Assigned Id: 680

Certification Period: 07/22/2026 to 09/19/2026

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

Orders:
08/22/2026 procedure: physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous UlcerErupted Blister, Notes: wound healed - monitor area x 2 weeks: DISCONTINUED, physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous Ulcer Erupted Blister, Notes: : DISCONTINUED,

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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 VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by GRANDCHAMP, SAVANNAH Date 08/31/2026