Medical Update for Sonya Wagner DOB: 11/22/1967

Date Order Created: 09/02/2026

Order ID: 1195/1144

Agency Assigned Id: 818

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:
Authorization changes of SN skill Total Visits: 10 and Visit Freq: 2w2, 1w6
Authorization PRN Visits: 1

08/24/2026 procedure: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Right Ankle/Foot - Previous wound vac, recently removed applying xeroform, abd pad, and wrapping with ace wrap Q 3 days., Notes: : DISCONTINUED, physician-ordered wound care: #1 , Notes: - Observable Surgical Wound - Posterior Right Ankle/Foot - Previous wound vac, recently removed applying xeroform, abd pad, and wrapping with ace wrap Q 3 days.,

---

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 CHURCHES, KENDRA Date 09/10/2026