Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
Phone: 989-214-1114 Fax: 866-410-7843

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/17/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1455	**PATIENT NAME:** JANIE LLOYD	**DOB:** 11/11/1962
AGENCY ASSIGNED ID: 682	**ADDRESS:** 628 S RIPLEY BLVD TRLR D8, ALPENA, MI 49707-	
CERTIFICATION PERIOD: 07/31/2026 to 09/28/2026	**PHONE:** (989) 278-6372	
PHYSICIAN FACE-TO-FACE DATE:		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: CVA

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: SOB on exertion, Leaving home requires a considerable and taxing effort

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of PT skill Total Visits: 5 and Visit Freq: WK1: 1 (07/31/26-08/01/26),WK3: 1 (08/09/26-08/15/26),WK5: 1 (08/23/26-08/29/26),WK7: 1 (09/06/26-09/12/26),WK8: 1 (09/13/26-09/19/26)

PHYSICIAN INFORMATION

PHYSICIAN NAME: MATTHEW STEVENS, PA-C	
ADDRESS: 309 W LAKE ST, ALPENA, MI 49707	
PHONE: (989) 358-3998	**FAX:** 19893583735

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by CHURCHES, CHRISTOPHER*
Date: _____	Date: *09/17/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.