Evergreen Home Health
IQ00000001285673
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: 09/18/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1524	**PATIENT NAME:** David Schmitt / **DOB:** 03/14/1943
AGENCY ASSIGNED ID: 5881	**ADDRESS:** 8811 Mink Rd, Harbor Springs, MI 49740-
CERTIFICATION PERIOD: 09/18/2026 to 11/16/2026	**PHONE:** 231-216-7231
PHYSICIAN FACE-TO-FACE DATE: 09/16/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Parkinsonism with balance and strength deficits requiring in-home physical therapy for balance and strengthening.

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence. There must exist a normal inability to leave home; Leaving home must require a considerable and taxing effort.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Therapist notifed Robyn Yates, NP 9/18 , 3:30pm regarding delay in PT SOC to 9/24 per patient request.

PHYSICIAN INFORMATION

PHYSICIAN NAME: ROBYN YATES, FNP	
ADDRESS: 1105 SIXTH ST, TRAVERSE CITY, MI 49684-2345	
PHONE: (989) 497-2500	**FAX:** 19893214118

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 LUBELAN, RN, SAMANTHA*
Date: _____	Date: *09/18/2026*

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