Evergreen Home Health 239350
403 W Main Street
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Gaylord, MI
49735-1887
Phone:
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866-410-7843

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/18/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1522	**PATIENT NAME:** Herbert Ashley / **DOB:** 01/14/1944
AGENCY ASSIGNED ID: 930	**ADDRESS:** 17677 S Straits Hwy, Vanderbilt, MI 49795-
CERTIFICATION PERIOD: 08/20/2026 to 10/18/2026	**PHONE:** (231) 525-8665
PHYSICIAN FACE-TO-FACE DATE: 08/18/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Herbert is a 82 year old male who is homebound with a DX (N39.0) URINARY TRACT INFECTION, SITE NOT SPECIFIED and (I69.351) HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE.

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Absences from the home require considerable and taxing effort and infrequent or short duration.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of SN skill Total Visits: 16 and Visit Freq: WK1: 1 (08/20/26-08/22/26),WK2: 2 (08/23/26-08/29/26),WK3: 2 (08/30/26-09/05/26),WK4: 2 (09/06/26-09/12/26),WK5: 2 (09/13/26-09/19/26),WK6: 2 (09/20/26-09/26/26),WK7: 2 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26),WK10: 1 (10/18/26-10/18/26)

2	Authorization changes of PT skill Total Visits: 6 and Visit Freq: WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26)
3	Authorization changes of OT skill Total Visits: 1 and Visit Freq: WK3: 1 (08/30/26-09/05/26)

PHYSICIAN INFORMATION

PHYSICIAN NAME: SHANNON ROSSIO, MD

ADDRESS: 6135 CRESSY ST, INDIAN RIVER, MI 49749-5151

PHONE: (231) 238-8908	**FAX:** 12312384419

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.