



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: 1195/1526	PATIENT NAME: Fax Test	DOB: 07/13/1960
AGENCY ASSIGNED ID: FaxTest01		
CERTIFICATION PERIOD: 09/18/2026 to 11/16/2026	ADDRESS: 12 Main Street, BALTIMORE, MD 21213	
PHYSICIAN FACE-TO-FACE DATE:	PHONE: 999-999-9999	

ORDERS
CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Diabetes, Hypertension
HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ORDER DETAILS	
#	ORDER / INSTRUCTIONS
1	Test, Test, Test.

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Test Physician, MD	
ADDRESS: 310, NATARAJAPURAM 4TH EAST STREET, KVP, HI 628502	
PHONE: 999-999-9999	FAX: 12072219995

VERBAL ORDER AUTHORIZATION

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

PHYSICIAN SIGNATURE

Signature: _____

Date: _____

STAFF SIGNATURE (RECEIVED BY)

Signature: Electronically Signed by De Castro, SN, Joy

Date: 09/18/2026

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