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: 09/18/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1463	**PATIENT NAME:** Crystal Housding	**DOB:** 06/19/1939
AGENCY ASSIGNED ID: 920	**ADDRESS:** 6839 CARDOBA LOT 116, ALANSON, MI 49706-	
CERTIFICATION PERIOD: 08/15/2026 to 10/13/2026		
PHYSICIAN FACE-TO-FACE DATE:	**PHONE:** (517) 819-5025	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: - Home health referral was sent from The Villa at the Bay for discharge home on 08/14/2026 following skilled/subacute rehabilitation after hospitalization and surgical repair of a right proximal humerus fracture. - Recent medical history: Patient fell at her daughter's home when a dog pulled on the leash, causing a fall onto the right arm. She developed severe right shoulder pain, was transferred to McLaren Northern Michigan, was found to have a right proximal humerus fracture, and underwent ORIF of the right arm on 07/28/2026. She then admitted to The Villa at the Bay for subacute rehabilitation. Postoperatively she developed anemia attributed to blood loss, with hemoglobin 9.4. Notes document pain as reasonably controlled/improving, weakness improving, and right arm maintained in a sling

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of SN skill Total Visits: 4 and Visit Freq: WK1: 1 (09/14/26-09/19/26),WK2: 1 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 1 (10/04/26-10/10/26)

PHYSICIAN INFORMATION	
PHYSICIAN NAME: TIMOTHY ISMOND, DO	
ADDRESS: 560 W MITCHELL ST SUITE 300, PETOSKEY, MI 49770-2275	
PHONE: (231) 487-2460	**FAX:** 12314876596

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

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