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: 09/21/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1530	**PATIENT NAME:** Fax Test / **DOB:** 08/27/1960
AGENCY ASSIGNED ID: FaxTest01	**ADDRESS:** 12 Main Street, BALTIMORE, MD 21213
CERTIFICATION PERIOD: 09/21/2026 to 11/19/2026	**PHONE:** 999-999-9999
PHYSICIAN FACE-TO-FACE DATE:	

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	Fax 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: *09/21/2026*

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