Evergreen Home Health
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Evergreen Home Health 239350
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Phone: 989-214-1114 Fax: 866-410-7843

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/21/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1534	**PATIENT NAME:** DONALD THEISEN	**DOB:** 10/16/1941
AGENCY ASSIGNED ID: 687	**ADDRESS:** 1150 LAKE CLUB DRIVE, GAYLORD, MI 49735-	
CERTIFICATION PERIOD: 08/07/2026 to 10/05/2026	**PHONE:** (734) 645-9708	
PHYSICIAN FACE-TO-FACE DATE:		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: SN: Assess and evaluate vital signs, pressure ulcer, lower extremity edema, transfer education, and fall risk education. PT: Evaluate and treat. OT: Evaluate and treat due to Essential (primary) hypertension.

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Assistance w/all ADL's, chair bound, wheelchair

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of PT skill Total Visits: 11 and Visit Freq: WK2: 2 (08/09/26-08/15/26),WK3: 2 (08/16/26-08/22/26),WK4: 2 (08/23/26-08/29/26),WK5: 1 (08/30/26-09/05/26),WK6: 1 (09/06/26-09/12/26),WK7: 1 (09/13/26-09/19/26),WK8: 1 (09/20/26-09/26/26),WK9: 1 (09/27/26-10/03/26)
2	09/08/2026 procedure: wheelchair training, Notes: , transfers training, Notes: ,
3	09/08/2026 teach: therapeutic exercises, Target Date: 10/05/2026, therapeutic modalities, Target Date: 10/05/2026, wheelchair training, Target Date: 10/05/2026, balance training, Target Date: 10/05/2026, equipment training, Target Date: 10/05/2026, transfer training, Target Date: 10/05/2026,

4	09/08/2026 goal: Sit to Stand - 05. Setup or clean-up assistance, Target Date: 10/05/2026, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 10/05/2026: DISCONTINUED, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 10/05/2026: DISCONTINUED, Wheel 50 ft w 2 Turns - 06. Independent, Target Date: 10/05/2026: DISCONTINUED, Wheel 150 feet - 06. Independent, Target Date: 10/05/2026, Car Transfer - 05. Setup or clean-up assistance, Target Date: 10/05/2026,

PHYSICIAN INFORMATION

PHYSICIAN NAME: Jason Triana, MD

ADDRESS: 9401 FOUNTAIN MEDICAL CT STE 101, BONITA SPRINGS, FL 34135-4612, 0

PHONE: (239) 319-2195	**FAX:** 2393192194

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 ABRAHAM, SN, ALEXIS*
Date: _____	Date: *09/21/2026*

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