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: 1195/1535	**PATIENT NAME:** Michael Fisher / **DOB:** 10/23/1951
AGENCY ASSIGNED ID: 129-3	**ADDRESS:** 120 GRANVIEW AVE APT B 109, GAYLORD, MI 49735-
CERTIFICATION PERIOD: 08/19/2026 to 10/17/2026	**PHONE:** (989)619-0480
PHYSICIAN FACE-TO-FACE DATE: 08/17/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: amputation, weakness

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Limited Mobility, Other: amputations BLE

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	09/15/2026 procedure: Cath change week of the 15th q month , Notes: document in notes cath change,

PHYSICIAN INFORMATION

PHYSICIAN NAME: LAUREN ATKINSON, NP

ADDRESS: 829 N CENTER AVE STE 210, GAYLORD, MI 49735-1599

PHONE: (989) 731-7860	**FAX:** 19897317833

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: *09/21/2026*

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