Evergreen Home Health
GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

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: 09/21/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1538	**PATIENT NAME:** Herbert Ashley / **DOB:** 01/14/1944
AGENCY ASSIGNED ID: 930	**ADDRESS:** 17677 S Straits Hwy, Vanderbilt, MI 49795-
CERTIFICATION PERIOD: 08/20/2026 to 10/18/2026	**PHONE:** (231) 525-8665
PHYSICIAN FACE-TO-FACE DATE: 08/18/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Herbert is a 82 year old male who is homebound with a DX (N39.0) URINARY TRACT INFECTION, SITE NOT SPECIFIED and (I69.351) HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE.

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Absences from the home require considerable and taxing effort and infrequent or short duration.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of OT skill Total Visits: 1 and Visit Freq: WK3: 1 (08/30/26-09/05/26) EVAL ONLY
2	09/19/2026 Problems : abnormal blood pressure (CR)
3	weak hand grips (NR)
4	limited range of motion (MS)
5	09/18/2026 Medications: Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth once a day

PHYSICIAN INFORMATION	
PHYSICIAN NAME: SHANNON ROSSIO, MD	
ADDRESS: 6135 CRESSY ST, INDIAN RIVER, MI 49749-5151	
PHONE: (231) 238-8908	**FAX:** 12312384419

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: *09/21/2026*

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