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: 09/17/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1460	**PATIENT NAME:** Erica Tower	**DOB:** 03/13/1956
AGENCY ASSIGNED ID: 785	**ADDRESS:** 4205 Wartiella Rd, Cheboygan, MI 49721-	
CERTIFICATION PERIOD: 10/30/2026 to 12/28/2026	**PHONE:** (231) 333-6485	
PHYSICIAN FACE-TO-FACE DATE: 06/25/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Radiculopathy, lumbosacral region

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Therapist spoke with Cody nurse for Dr. Vanos 4:04pm 9/16; confirmed gabapentin discontinued.

PHYSICIAN INFORMATION

PHYSICIAN NAME: BENJAMIN VANOS, DO

ADDRESS: 3860 S STRAITS HWY, INDIAN RIVER, MI 49749

PHONE: (231) 238-0581	**FAX:** 12312380586

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 MCNICHOLS, PT, SHANNON* Date: *09/16/2026*

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