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: 09/04/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1198	**PATIENT NAME:** Barbara Smith / **DOB:** 11/08/1950
AGENCY ASSIGNED ID: 924	
CERTIFICATION PERIOD: 08/17/2026 to 10/15/2026	**ADDRESS:** 14141 ALFALFA RD, LACHINE, MI 49753-
PHYSICIAN FACE-TO-FACE DATE:	**PHONE:** 989-657-6286

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Iron deficiency anemia due to chronic blood loss (D50.0); Acute blood loss anemia (D62)

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: High fall risk due to gait instability and muscle weakness

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of OT skill Total Visits: 2 and Visit Freq: WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26)
2	09/01/2026 procedure: equipment training, Notes: , work simplification/energy conservation, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
3	09/01/2026 goal: Sit to Stand - 05. Setup or clean-up assistance, Target Date: 10/15/2026, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 10/15/2026: DISCONTINUED, Toilet Transfer - 06. Independent, Target Date: 10/15/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, 1

	Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, 4 Steps - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, 12 Steps - 04. Supervision or touching assistance, Target Date: 10/15/2026, Picking Up Object - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED, Car Transfer - 05. Setup or clean-up assistance, Target Date: 10/15/2026: DISCONTINUED, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 10/15/2026: DISCONTINUED,
4	09/02/2026 Medications: Pantoprazole - Pantoprazole Sodium 40 mg 1 by mouth once a day

PHYSICIAN INFORMATION

PHYSICIAN NAME: ASHLEY COOK , PA-C

ADDRESS: 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503

PHONE: (616) 391-8242	**FAX:** (616) 391-8317

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: *09/04/2026*

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