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

Evergreen Home Health 239350
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/02/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1154	**PATIENT NAME:** Kenneth Gauthier / **DOB:** 06/11/1939
AGENCY ASSIGNED ID: 904	**ADDRESS:** 10068 OSSINEKE RD, OSSINEKE, MI 49766-
CERTIFICATION PERIOD: 08/12/2026 to 10/10/2026	**PHONE:** (989) 590-0040
PHYSICIAN FACE-TO-FACE DATE:	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: - Discharged home with home health care after hospitalization for complete heart block/junctional bradycardia, choledocholithiasis, obstructing left ureteral stone, heart failure, COPD, atrial fibrillation, and associated deconditioning. Home care referral orders specify RN, Physical Therapy, and Occupational Therapy for post-op care and difficulty leaving home for required medical services. (Source: Discharge Documents, pp. 9-11; Home Care Referral Order, p. 47) - Hospital course included permanent pacemaker implantation on 08/03/2026 for third-degree AV block, ERCP with sphincterotomy and balloon sweep on 08/04/2026 for choledocholithiasis, and cholecystectomy on 08/05/2026. Warfarin was held for supratherapeutic INR and resumed after cholecystectomy. Obstructing left ureteral stone was managed without acute urologic surgery with outpatient ureteroscopy planned. Patient also had possible acute-on-chronic HFpEF, COPD with intermittent oxygen requirement, and reduced mobility/endurance. (Source: Discharge Documents, pp. 10-11)

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of PT skill Total Visits: 2 and Visit Freq: WK2: 1 (08/16/26-08/22/26),WK4: 1 (08/30/26-09/05/26)

2	09/01/2026 Problems : GG0170N1 - 4 Steps
3	GG0130F1 - Upper Body Dressing
4	GG0130A1 - Eating
5	GG0130H1 - Don/Doff Footwear
6	GG0130G1 - Lower Body Dressing
7	GG0130E1 - Shower/Bathe Self
8	GG0130C1 - Toileting Hygiene
9	GG0130B1 - Oral Hygiene
10	GG0170E1 - Chair to Bed to Chair
11	GG0170P1 - Picking Up Object
12	GG0170O1 - 12 Steps
13	Pain Interference with Therapy activities
14	GG0170M1 - 1 - Step (curb)
15	GG0170L1 - Walk 10 ft on Uneven Surface
16	GG0170K1 - Walk 150 Feet
17	GG0170J1 - Walk 50 ft with 2 Turns
18	GG0170I1 - Walk 10 Feet
19	GG0170G1 - Car Transfer
20	GG0170F1 - Toilet Transfer
21	GG0170D1 - Sit to Stand
22	M1400 - Dyspnea
23	Pain Interference with ADLs

PHYSICIAN INFORMATION	
PHYSICIAN NAME: RODNEY SZYMANSKI, MD	
ADDRESS: 4000 WELLNESS DR, MIDLAND, MI 48670	
PHONE: (844) 832-1956	**FAX:** (989) 633-5241

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: *09/02/2026*

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