Evergreen Home Health
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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: 09/03/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1194	**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	09/02/2026 Problems : GG0170O1 - 12 Steps
2	GG0130A1 - Eating
3	GG0130H1 - Don/Doff Footwear
4	GG0130G1 - Lower Body Dressing
5	GG0130F1 - Upper Body Dressing
6	GG0130E1 - Shower/Bathe Self

7	GG0130C1 - Toileting Hygiene
8	GG0130B1 - Oral Hygiene
9	GG0170E1 - Chair to Bed to Chair
10	GG0170P1 - Picking Up Object
11	M1400
12	GG0170N1 - 4 Steps
13	GG0170M1 - 1 - Step (curb)
14	GG0170L1 - Walk 10 ft on Uneven Surface
15	GG0170K1 - Walk 150 Feet
16	GG0170J1 - Walk 50 ft with 2 Turns
17	GG0170I1 - Walk 10 Feet
18	GG0170G1 - Car Transfer
19	GG0170D1 - Sit to Stand
20	09/02/2026 procedure: gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
21	09/02/2026 teach: gait training, Target Date: 10/18/2026,
22	09/02/2026 goal: Sit to Stand - 06. Independent, Target Date: 10/18/2026, Chair to Bed to Chair - 06. Independent, Target Date: 10/18/2026, Toilet Transfer - 06. Independent, Target Date: 10/18/2026, Car Transfer - 06. Independent, Target Date: 10/18/2026, Walk 10 Feet - 06. Independent, Target Date: 10/18/2026, Walk 50 ft with 2 Turns - 06. Independent, Target Date: 10/18/2026, Walk 150 Feet - 06. Independent, Target Date: 10/18/2026, Walk 10 ft on Uneven Surface - 06. Independent, Target Date: 10/18/2026, 1 - Step (curb) - 06. Independent, Target Date: 10/18/2026, 4 Steps - 06. Independent, Target Date: 10/18/2026, 12 Steps - 06. Independent, Target Date: 10/18/2026, Picking Up Object - 06. Independent, Target Date: 10/18/2026,

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	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by LUBELAN, RN, SAMANTHA*
Date: _____	Date: *09/03/2026*

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