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: 08/31/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1042	**PATIENT NAME:** Beverly fisher / **DOB:** 12/12/1956
AGENCY ASSIGNED ID: 848	**ADDRESS:** 9099 HUTCHINSON HWY, ONAWAY, MI 497659556-
CERTIFICATION PERIOD: 07/24/2026 to 09/21/2026	**PHONE:** (585) 306-4238
PHYSICIAN FACE-TO-FACE DATE: 07/21/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Z48815 - Encounter for surgical aftercare following surgery on the digestive system

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	08/28/2026 procedure: coordinate/arrange for maintenance of clean/uncluttered living area, Notes: ,
2	08/28/2026 goal: patient's living environment is clean/uncluttered, Target Date: 09/21/2026,

PHYSICIAN INFORMATION

PHYSICIAN NAME: JENNA COTTRELL, MSN, FNP-BC

ADDRESS: 21258 M 68 W CHISHOLM HWY, ONAWAY, MI 49765-9663	
PHONE: (989) 742-4583	**FAX:** 19893184606

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 CHURCHES, CHRISTOPHER*
Date: _____	Date: *08/31/2026*

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