Evergreen Home Health
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Evergreen Home Health 239350
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Phone: 989-214-1114 Fax: 866-410-7843

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/02/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1167	**PATIENT NAME:** Mary Lockhart	**DOB:** 07/02/1950
AGENCY ASSIGNED ID: 822	**ADDRESS:** 66 HALF N MOUNT TOM RD, MIO, MI 48647-	
CERTIFICATION PERIOD: 07/16/2026 to 09/13/2026	**PHONE:** (989) 346-0041	
PHYSICIAN FACE-TO-FACE DATE: 07/15/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: CVA

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Symptoms identified support difficulty to leave home for medical services required.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of SN skill Total Visits: 9 and Visit Freq: WK1: 1 (07/16/26-07/18/26),WK2: 1 (07/19/26-07/25/26),WK3: 1 (07/26/26-08/01/26),WK4: 1 (08/02/26-08/08/26),WK5: 1 (08/09/26-08/15/26),WK6: 1 (08/16/26-08/22/26),WK7: 1 (08/23/26-08/29/26),WK8: 1 (08/30/26-09/05/26),WK9: 1 (09/06/26-09/12/26)
2	Authorization changes of PT skill Total Visits: 7 and Visit Freq: WK3: 1 (07/26/26-08/01/26),WK4: 1 (08/02/26-08/08/26),WK5: 1 (08/09/26-08/15/26),WK6: 1 (08/16/26-08/22/26),WK7: 1 (08/23/26-08/29/26),WK8: 1 (08/30/26-09/05/26),WK9: 1 (09/06/26-09/12/26)

PHYSICIAN INFORMATION	
PHYSICIAN NAME: ALEXIS ATWELL, PA-C	
ADDRESS: 1910 E MILLER RD, FAIRVIEW, MI 48621	
PHONE: (989) 848-5644	**FAX:** (989) 318-4606

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 STRICKLER, SN, SYDNEY* Date: *09/02/2026*

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