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: 09/02/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1142	**PATIENT NAME:** Terry Jewell	**DOB:** 02/11/1950
AGENCY ASSIGNED ID: 1-1319	**ADDRESS:** 5059 MULLETT TOWNSHIP RD, TOPINABEE, MI 497910032-	
CERTIFICATION PERIOD: 08/13/2026 to 10/11/2026	**PHONE:** 231-445-1392	
PHYSICIAN FACE-TO-FACE DATE:		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: aki, sepsis due to uti, afib rvr.

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: difficulty to leave home for medical services required

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	09/02/2026 procedure: Cath Supplies , Notes: 24 fr cath, 30cc balloon- placed on 8/16/26- change q 30 days Monthly Supply Order needs 24fr 30 cc balloon- indewelling cath 2 bedside collection bags for indwelling cath 4 cath securement devices,

PHYSICIAN INFORMATION

PHYSICIAN NAME: ROBYN YATES, FNP

ADDRESS: 1105 SIXTH ST, TRAVERSE CITY, MI 49684-2345

PHONE: (989) 497-2500	**FAX:** 19893214118

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: *09/02/2026*

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