



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: 1195/1153	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		
PHYSICIAN FACE-TO-FACE DATE: 07/21/2026		
		PHONE: (585) 306-4238

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	Authorization changes of SN skill Total Visits: 11 and Visit Freq: WK1: 1 (07/24/26-07/25/26),WK2: 2 (07/26/26-08/01/26),WK3: 1 (08/02/26-08/08/26),WK4: 1 (08/09/26-08/15/26),WK5: 1 (08/16/26-08/22/26),WK6: 1 (08/23/26-08/29/26),WK7: 1 (08/30/26-09/05/26),WK8: 1 (09/06/26-09/12/26),WK9: 1 (09/13/26-09/19/26),WK10: 1 (09/20/26-09/21/26)

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

Signature: _____

Date: _____

STAFF SIGNATURE (RECEIVED BY)

Signature: Electronically Signed by
CHURCHES, CHRISTOPHER

Date: 09/02/2026

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