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: 1195/1033	**PATIENT NAME:** SHELDON CROUCH / **DOB:** 06/24/1952
AGENCY ASSIGNED ID: 680	**ADDRESS:** 108 N US HIGHWAY 131, ELMIRA, MI 49730-
CERTIFICATION PERIOD: 07/22/2026 to 09/19/2026	**PHONE:** (989) 350-6587
PHYSICIAN FACE-TO-FACE DATE: 05/23/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Skilled Nursing to Assess and Eval Unna boots, wound care, education due to Lymphedema not elsewhere classified

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	08/22/2026 procedure: physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous UlcerErupted Blister, Notes: wound healed - monitor area x 2 weeks: DISCONTINUED, physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous Ulcer
2	Erupted Blister, Notes: : DISCONTINUED,

PHYSICIAN INFORMATION

PHYSICIAN NAME: TABITHA PARDO, FNP-C	
ADDRESS: 825 N CENTER AVE STE 140, GAYLORD, MI 49735-1592	
PHONE: (989) 731-7870	**FAX:** 19897317837

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 GRANDCHAMP, SN, SAVANNAH*
Date: _____	Date: *08/31/2026*

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