Evergreen Home Health
GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

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: 09/18/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1468	**PATIENT NAME:** DIXIE BARGOWSKI / **DOB:** 11/05/1942
AGENCY ASSIGNED ID: 722	**ADDRESS:** 6475 M 32, ATLANTA, MI 49709-
CERTIFICATION PERIOD: 06/08/2026 to 08/06/2026	**PHONE:** (989) 785-3958
PHYSICIAN FACE-TO-FACE DATE:	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Hypoglycemia, unspecified

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	08/04/2026 Problems : muscle weakness (MS)
2	abnormal BS mg/dL (EN)
3	08/05/2026 procedure: physician-ordered wound care, Notes: : DISCONTINUED,

PHYSICIAN INFORMATION

PHYSICIAN NAME: KRISTIN MASCHKE, MD	
ADDRESS: 3040 BOURN STREET, LEWISTON, MI 49756	
PHONE: (989) 786-4877	**FAX:** 19897316723

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: *09/18/2026*

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