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: 09/23/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1558	**PATIENT NAME:** Donna Martin / **DOB:** 12/09/1944
AGENCY ASSIGNED ID: 842	**ADDRESS:** 920 W SHELDON ST APT 305, GAYLORD, MI 49735-
CERTIFICATION PERIOD: 07/25/2026 to 09/22/2026	**PHONE:** 386) 566-2689
PHYSICIAN FACE-TO-FACE DATE:	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: G4489 - Other headache syndrome

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	Authorization changes of SN skill Total Visits: 10 and Visit Freq: WK1: 1 (07/25/26-07/25/26),WK2: 1 (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 (09/20/26-09/22/26)

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 CHURCHES, CHRISTOPHER*
Date: _____	Date: *09/23/2026*

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