

Medical Update for John Guidera DOB: 01/29/1955

Date Order Created: 09/11/2025

Order ID: 1150/11998

Agency Assigned Id: 16443

Certification Period: 08/16/2025 to 10/14/2025

*HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX*

Orders:

09/10/2025 Medications: Amoxicillin-Pot Clavulanate (AUGMENTIN) 875- 125 mg Oral Tab 875- 125 mg , Take 1 tablet by mouth every 12 hours Take 1

tablet by

mouth

every 12

hours for

14 days

Doxycycline Hyclate (LYMEPAK) 100 mg Oral Tab 100 mg , Take 1 tablet by mouth every 12 hours

Take 1

tablet by

mouth

every 12

hours for

14 doses

*Charlotte Watts
2391 Greenspring Dr*

*2391 Greenspring Dr, MD 21093
Tele:4103395500 FAX: 14103395960*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles

Date 09/11/2025