

**Medical Update for Test Fax DOB: 08/15/1960**

**Date Order Created:** 11/11/2025

**Order ID:** 1150/13745

**Agency Assigned Id:** FaxTest01

**Certification Period:** 11/05/2025 to 01/03/2026

*HomeCentris Healthcare LLC MD217058  
10 Crossroads Drive, Suite 102  
Owings Mills, MD 21117-8284  
PHONE 410-321-8448 FAX*

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**Orders:**

*Physician Face-to-Face Date: 11/03/2025*

*Clinical Condition Requiring Home Care per Certifying Physician: Diabetes, Hypertension*

*Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home*

*1 - SOC - SN Notes: Diabetes, Hypertension*

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*Jane Doe  
16600 W Outer DR*

*16600 W Outer DR, MI 2449  
Tele:789-254-7777 FAX: 12072219995*

Physician Signature\_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: Electronically Signed by , John      Date 11/11/2025