

**Medical Update for Test Fax DOB: 10/13/1960**

**Date Order Created:** 10/13/2025

**Order ID:** 1163/355

**Agency Assigned Id:** Testfax05

**Certification Period:** 09/22/2025 to 11/20/2025

*Grace Home Healthcare, LLC VA497939  
9735 Main Street Suite 200 Fairfax,  
Fairfax, VA 22031-3736  
PHONE 703-865-7370 FAX*

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**Orders:**

*Physician Face-to-Face Date: 09/20/2025*

*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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*Grace Tatlonghari  
11753 Dry River Ct*

*11753 Dry River Ct, VA 20191  
Tele:5712425759 FAX: 12072219995*

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

Staff Signature: Electronically Signed by . John      Date 02/05/2026