

Medical Update for Fax Test DOB: 06/20/1960

Date Order Created: 02/11/2026

Order ID: 1163/760

Agency Assigned Id: FaxTest01

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

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

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

*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 02/11/2026