Medical Update for Rajalakshmi Heyrovska DOB: 07/26/1937

Date Order Created: 03/20/2026

Order ID: 1150/17119

Agency Assigned Id: 23398

Certification Period: 03/11/2026 to 05/09/2026

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

Orders:
Physician Face-to-Face Date: 02/20/2026
Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat
DX: Limb girdle muscular dystrophy unspecified
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 - PT Notes: soc
OT Eval Notes:

Robert Boughan
1734 York Rd

1734 York Rd, MD 21093
Tele:410-252-2273 FAX: 14103859393

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 03/20/2026