

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 04/20/2026