Medical Update for Louis Boshears DOB: 08/28/1948

Date Order Created: 05/12/2026

Order ID: 1150/18502

Agency Assigned Id: 23081

Certification Period: 03/13/2026 to 05/11/2026

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:
05/08/2026 procedure: home exercise program, Notes: Bilateral UE strengthening of anterior deltoid, biceps and triceps muscles : DISCONTINUED,

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Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100

8831 Satyr Hill Rd Ste 100, MD 21234
Tele:443-946-1896 FAX: 14434952902

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 05/12/2026