Medical Update for Johnnie Jackson DOB: 11/27/1949

Date Order Created: 06/15/2026

Order ID: 1150/19547

Agency Assigned Id: 22989

Certification Period: 05/02/2026 to 06/30/2026

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

_____

Orders:
Spoke with Diana at physician office regarding verbal order from Dr Michael Kingan for home Occupational Therapy for patient.

_____

Michael Kingan
6701 N Charles St

6701 N Charles St , MD 21224
Tele:4438496257 FAX: 14438493182

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 06/15/2026