Medical Update for Edith Lewis-Brooks DOB: 03/17/1957

Date Order Created: 06/15/2026

Order ID: 1150/19534

Agency Assigned Id: 26675

Certification Period: 06/08/2026 to 08/06/2026

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: 06/04/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pulmonary hypertension 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 - SN Notes: soc
PT Eval Notes:
OT Eval Notes:
PT FU Eval Notes:
9 - Discharge from agency Notes:
OT FU Eval Notes:

Naeha Quasba
7141 Security Blvd

7141 Security Blvd, MD 21244
Tele:410-230-7827 FAX: 1-410-230-7827

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

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