

**Medical Update for Patricia Inman DOB: 01/08/1950**

**Date Order Created:** 06/16/2026

**Order ID:** 1150/19586

**Agency Assigned Id:** 25623

**Certification Period:** 05/11/2026 to 07/09/2026

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

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**Orders:**

*06/15/2026 Medications: Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide .5mg/3mg inhalant four times a day Prn shortness of breath  
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 by mouth twice a day  
Predisone - Prednisone 60 mg by mouth in the morning 4 days*

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*Joshua Pertman  
6821 Reisterstown Rd Ste 106*

*6821 Reisterstown Rd Ste 106, MD 21215  
Tele:410-358-6450 FAX: 18777511761*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles      Date 06/16/2026