

Medical Update for Carol Larocca DOB: 11/19/1939

Date Order Created: 06/30/2026

Order ID: 1150/20044

Agency Assigned Id: 26866

Certification Period: 06/13/2026 to 08/11/2026

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

Orders:

06/30/2026 procedure: Home exercise program , Notes: exe for sh, elbow and wrist, Therapeutic exercise , Notes: Strengthening exe for L UE and R,

06/30/2026 Medications: Cephalexin - Cephalexin 500mg by mouth three times a day Take one capsule 3 times daily for 5 days

Lopressor - Metoprolol Tartrate 25 mg / 1 Tablet by mouth twice a day Pt is now taking half a tab

*Tracy Gutierrez
7070 Samuel Morse Dr*

*7070 Samuel Morse Dr, MD 21046
Tele: FAX:*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 07/01/2026