Medical Update for Shirley Fuller DOB: 08/23/1941

Date Order Created: 03/05/2024

Order ID: 1150/1201

Agency Assigned Id: 1927

Certification Period: 03/06/2024 to 05/04/2024

HomeCentris Healthcare LLC MD217058
10 Crossroads Drive, Suite 110
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:
PT Eval Notes: eval & treat
OT Eval Notes: eval & treat

Nkiruka Obioha
2391 Greenspring Drive

2391 Greenspring Drive, MD 21093
Tele:4108473000 FAX: 8554160980

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Hayes, Donna Date 08/18/2026