HomeCentris Healthcare LLC MD217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
Phone: 410-321-8448 Fax: 410-559-3002

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/04/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/21713	**PATIENT NAME:** Mable McCullough	**DOB:** 08/29/1942
AGENCY ASSIGNED ID: 25402	**ADDRESS:** 1222 Gittings Avenue, BALTIMORE, MD 21239-	
CERTIFICATION PERIOD: 09/08/2026 to 11/06/2026		
PHYSICIAN FACE-TO-FACE DATE: 06/22/2026	**PHONE:** 443-522-1094	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for orthopedic aftercare following surgical amputation

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, other

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Request for nursing to be added back in for wound care due to patient's recent fall and new wounds. Please add effective 9/3/2026.

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Naisha Williams, MD	
ADDRESS: 301 Saint Paul St, Baltimore, MD 21202	
PHONE: 410-500-5500	**FAX:** 14106595691

VERBAL ORDER AUTHORIZATION	
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.	
PHYSICIAN SIGNATURE Signature: _____ Date: _____	**STAFF SIGNATURE (RECEIVED BY)** Signature: *Electronically Signed by Messick, RN, Charles* Date: *09/04/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.