# FAX COVER PAGE

GRACE
HOME HEALTHCARE
A HomeCentris Company

**Date:** 11/04/2025

**To:**
Amir Alemzadeh , MD

**From:**
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736

**Phone:** 703-865-7370

**Fax:** 571-774-5551

**Subject:**
Form Submission

**Memo:**

Please review the attached document.

**URGENT: Please review and respond to this fax transmission promptly.**

**Grace Home Healthcare, LLC memo...**

| | |
|---|---|
| **Patient:** | Hector Lopez<br>DOB: 08/27/1957 |
| **Subject:** | symptoms with no related diagnosis |
| **Submitted By:** | MHCB Team |
| **Date:** | 11/04/2025 |
| **Agency Rep:** | MHCB Team **Rep Phone:** 703-865-7370 |
| **Memo:** | withdrawal from conversations<br>abnormal BS < 70/140 > mg/dL |
| **Follow-up Action:** | Please fax to the physician. |
| **Follow-up Memo:** | |

This memo is for your records.