

FAX COVER PAGE



Date: 11/07/2025

To:

Stefan David , MD

From:

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:

Form Submission

Memo:

Please review the attached document.

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

HomeCentris Healthcare LLC memo...

Patient: Norman Thomas
DOB: 02/13/1957

Subject: Symptoms with No Related Diagnosis

Submitted By: MHCB Team

Date: 11/07/2025

Agency Rep: MHCB Team **Rep Phone:** 410-321-8448

Memo: limited range of motion
B1000 - Vision Deficit

Follow-up Action: Please fax to the physician

Follow-up Memo:

This memo is for your records.