

FAX COVER PAGE



Date: 01/12/2026

To:
Carole Miller , 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: Sannie Lyle
DOB: 02/03/1961

Subject: Symptoms with No Related Diagnosis

Submitted By: MHCB Team

Date: 01/12/2026

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

Memo: M1610 - Urinary Incontinence

Follow-up Action: Please fax to the physician.

Follow-up Memo:

This memo is for your records.