

FAX COVER PAGE



Date: 01/12/2026

To:
Van Lomis , 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: Dolores Metzger
DOB: 04/14/1927

Subject: Med Reconciliation

Submitted By: MHCB Team

Date: 01/12/2026

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

Memo: **The following medications do not have a related diagnosis:**
Cipro
Prometh Hydrochloride, Phenylephrine Hydrochloride W/Codeine
Phosphate - Codeine Phosphate; Phenylephrine Hydrochloride;
Promethazine Hydrochloride
Lidocaine Viscous - Lidocaine Hydrochloride
Nystatin Cream - Nystatin Cream

**Follow-up
Action:** Please fax to the physician.

**Follow-up
Memo:**

This memo is for your records.