FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 01/15/2026

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:	Report of Unstable Symptoms to Certifying Physician
Submitted By:	Jessica Bazian
Date:	01/15/2026
Agency Rep:	Jessica Bazian **Rep Phone:** 410-321-8448
Memo:	limited endurance Notes: condition is chronically unstable, she gets tired easily. Needs frequent breaks muscle weakness Notes: condition is chronically unstable M1033 - Unintentional Weight Loss Notes: condition is chronically unstable, appetite low M1610 - Urinary Incontinence Notes: condition is chronically unstable, wears briefs to catch the urine M2102d - Caregiver Performs Treatment Notes: condition is chronically unstable, working with son also to show how he changes it M2020 - Oral Med Management Notes: Medication given by son M2102c - Med Admin Notes: condition is chronically unstable, medication given by son
Follow-up Action:	Hi, can I please have an order for social work? Id like to discuss options for her shakes, to increase calories.
Follow-up Memo:	

This memo is for your records.