

FAX COVER PAGE



Date: 01/28/2026

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: 01/27/2026

Agency Rep: Jessica Bazian **Rep Phone:** 410-321-8448

Memo: limited strength Notes: Needs frequent breaks
skin breakdown r/t incontinence Notes: Above the ostomy
M1033 - Unintentional Weight Loss Notes: condition is chronically
unstable
M1610 - Urinary Incontinence Notes: condition is chronically unstable,
following up with urology tomorrow

Follow-up Action: Encouraging dietary intake. Small frequent meals, healthy high protein
high carbs meals.

**Follow-up
Memo:**

This memo is for your records.