

FAX COVER PAGE



Date: 03/11/2026

To:

Yuvraj Kamboj , 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: Millicent Gettier
DOB: 07/27/1957

Subject: Symptoms with No Related Diagnosis

Submitted By: MHCB Team

Date: 03/11/2026

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

Memo:
#3 - Abrasion - Posterior Right Shoulder/Upper Back -
#4 - Abrasion - Posterior Right Middle/Lower Back -

Follow-up Action: Please fax to the physician

Follow-up Memo:

This memo is for your records.