

FAX COVER PAGE



Date: 03/20/2026

To:

Wilbur Roese , 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.

Medical Update for Betty Otto DOB: 10/18/1945

Date Order Created: 03/20/2026

Order ID: 1150/17151

Agency Assigned Id: 23015

Certification Period: 03/14/2026 to 05/12/2026

*HomeCentris Healthcare LLC MD217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX*

Orders:

Physician Face-to-Face Date: 02/03/2026

Clinical Condition Requiring Home Care per Certifying Physician: Discharge home 02/27/2026 with home health services to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care. due to Other Spondylosis With Radiculopathy Lumbar Region

Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

1 - SOC - SN Notes: soc

3 - ROC - SN Notes: roc

*Wilbur Roese
7106 Ridge Rd*

*7106 Ridge Rd, MD 21237
Tele:4106872300 FAX: 18443045355*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 03/20/2026