# FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

**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.**

**HomeCentris Healthcare LLC memo...**

| | |
|---|---|
| **Patient:** | Betty Otto<br>DOB: 10/18/1945 |
| **Subject:** | Med Reconciliation |
| **Submitted By:** | MHCB Team |
| **Date:** | 03/20/2026 |
| **Agency Rep:** | MHCB Team **Rep Phone:** 410-321-8448 |
| **Memo:** | Polyneuropathy, unspecified (G62.9) is unstable and has no medication<br>Oth disrd of bone density and structure, unspecified site (M85.80) is unstable and has no medication<br>Age-related osteoporosis w/o current pathological fracture (M81.0) is unstable and has no medication |
| **Follow-up Action:** | Please fax to the physician. |
| **Follow-up Memo:** | |

This memo is for your records.