FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 04/07/2026

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 DOB: 10/18/1945
Subject:	Report of Unstable Symptoms to Certifying Physician
Submitted By:	Jason Pierrepont
Date:	04/07/2026
Agency Rep:	Jason Pierrepont **Rep Phone:** 410-321-8448
Memo:	pain: abnormal value is 7 (limited strength Notes: On exertion limited endurance Notes: On exertion muscle weakness Notes: On exertion M1400 - Dyspnea Notes: labored breathing 9n exertion balance deficit Notes: Uses a walker M1700 - Cognition Notes: Caretaker assists D0160 - Depression Notes: Periodically M1720 - Anxiety Notes: Periodically M2020 - Oral Med Management Notes: Caretaker assists
Follow-up Action:	
Follow-up Memo:	

This memo is for your records.