FAX COVER PAGE

Date: 05/12/2026

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:	Symptoms with No Related Diagnosis
Submitted By:	MHCB Team
Date:	05/12/2026
Agency Rep:	MHCB Team **Rep Phone:** 410-321-8448
Memo:	loss of appetite loss of appetite (NU)
Follow-up Action:	
Follow-up Memo:	

This memo is for your records.