FAX COVER PAGE

Date: 05/12/2026

To:
Diane Kepner , 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:	Sharon Fraass DOB: 12/30/1946
Subject:	Med Reconciliation
Submitted By:	MHCB Team
Date:	05/12/2026
Agency Rep:	MHCB Team **Rep Phone:** 410-321-8448
Memo:	Age-related cognitive decline (R41.81) is unstable and has no medication Sleep apnea, unspecified (G47.30) is unstable and has no medication Personal history of pulmonary embolism (Z86.711) is unstable and has no medication **The following medications do not have a related diagnosis:** ACYCLOVIR MINOXIDIL Tuberculin PPD Intradermal solution
Follow-up Action:	
Follow-up Memo:	

This memo is for your records.