FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 05/22/2026

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: Discharge Summary - PT

Submitted By: William Shelton

Date: 05/19/2026

Agency Rep: William Shelton **Rep Phone:** 410-321-8448

Memo:

Admitted on: 05/07/2026

Emergency Contact: Maureen, 410-868-3883
Maureen, 410-868-3883

Diagnoses:
Infct fol a proc, superfic incisional surgical site, init (T81.41XA),Malignant neoplasm of vulva, unspecified (C51.9),Type 2 diabetes mellitus without complications (E11.9),Essential (primary) hypertension (I10.),Hyperlipidemia, unspecified (E78.5),Anxiety disorder, unspecified (F41.9),Depression, unspecified (F32.A),Age-related cognitive decline (R41.81),Dvrtclos of lg int w/o perforation or abscess w/o bleeding (K57.30),Gastro-esophageal reflux disease without esophagitis (K21.9),Age-related osteoporosis w/o current pathological fracture (M81.0),Sleep apnea, unspecified (G47.30),Lng trm (crnt) use injectable non-insulin antidiabetic drugs (Z79.85),Personal history of colon polyps, unspecified (Z86.0100),Personal history of pulmonary embolism (Z86.711)

Medications:
ACETAMINOPHEN 1000 mg tablet by mouth every 8 hours
ACYCLOVIR 400 mg / 1 Tablet by mouth one time a day
Amlodipine Besylate - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth in the evening
Cholecalciferol 50 mcg by mouth once a day
Escitalopram Oxalate - Escitalopram Oxalate 20 mg / 1 Tablet by mouth one time a day
Ferrous Sulfate - Ferrous Sulfate; Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth one time a day
Hydrochlorothiazide - Hydrochlorothiazide 25 mg / 1 Tablet by mouth once a day
IBUPROFEN 600 mg / 1 Tablet by mouth every 6 hours as needed for pain
LOSARTAN POTASSIUM 100 mg / 1 Tablet by mouth one time a day
MINOXIDIL 2.5 mg / 1 Tablet by mouth one time a day
Mounjaro Subcutaneous Solution Auto-Injector 2.5 MG/0.5ML / Inject 2.5 mg Subcutaneously one time a day every Sun

Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg / 1 Tablet by mouth every 4 hours as needed for Nausea and Vomiting
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth as necessary
Sennosides - Senna 8.6 mg tablet by mouth two times a day
Tuberculin PPD Intradermal solution Inject 0.1 ml intradermally in the morning for R/O TB until 05/07/2026 23:59

Services Provided:
how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities
related medication(s) purpose and schedule
symptoms requiring physician notification

Caregiver declined services For pt

Follow-up Action:

Follow-up Memo:

This memo is for your records.