

FAX COVER PAGE



Date: 06/29/2026

To:

Eyrusalam Gebremedhine , 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: Deborah Garrett
DOB: 07/22/1953

Subject: Discharge Summary - OT

Submitted By: Stanley LeGrand

Date: 06/29/2026

Agency Rep: Stanley LeGrand **Rep Phone:** 410-321-8448

Memo:

Admitted on: 06/25/2026

Emergency Contact: Kweisa, 443-622-9338
Shirelle, (443) 301-7440

Diagnoses:

Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny (I13.0),Heart failure, unspecified (I50.9),Type 2 diabetes mellitus w diabetic chronic kidney disease (E11.22),Chronic kidney disease, unspecified (N18.9),Anemia in chronic kidney disease (D63.1),Type 2 diabetes mellitus with diabetic neuropathy, unsp (E11.40),Achalasia of cardia (K22.0),Dysphagia, unspecified (R13.10),Chronic obstructive pulmonary disease, unspecified (J44.9),Venous insufficiency (chronic) (peripheral) (I87.2),Noninfective gastroenteritis and colitis, unspecified (K52.9),Pure hypercholesterolemia, unspecified (E78.00),Epilepsy, unsp, not intractable, with status epilepticus (G40.901),Deficiency of other specified B group vitamins (E53.8),Pyridoxine deficiency (E53.1),Vitamin D deficiency, unspecified (E55.9),Low back pain, unspecified (M54.50),Other chronic pain (G89.29),Obesity, unspecified (E66.9),Body mass index [BMI] 36.0-36.9, adult (Z68.36),Long term (current) use of insulin (Z79.4),History of falling (Z91.81),Personal history of nicotine dependence (Z87.891)

Medications:

Acetaminophen - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth every 8 hours
Carvedilol - Carvedilol 12.5 MG / 1 Tablet by mouth every 12 hours
Centrum Silver - Ascorbic Acid; Biotin; Cyanocobalamin; Ergocalciferol; Folic Acid; Niacinamide; Pantothenic Acid; Phytonadione; Pyridoxine; Ribo 0 Give 1 tablet by mouth once a day
Cholecalciferol 125 MCG (5000 UT) / 1 Tablet by mouth once a day
Cyanocobalamin - Cyanocobalamin 500 MCG / 1 Tablet by mouth once a day
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG / 1 Tablet by mouth every 8 hours
Duloxetine Hydrochloride - Duloxetine Hydrochloride DR 30 MG / 1 Capsule by mouth once a day
Insulin Glargine Subcutaneous Solution 100 UNIT/ML / Inject 22 unit subcutaneous at bedtime

Insulin Lispro 100 UNIT/ML / Inject 10 unit subcutaneous after meal
Insulin Lispro 100 UNIT/ML subcutaneous before meal
Irbesartan - Irbesartan 300 MG / 1 Tablet by mouth once a day
Lasix - Furosemide 40 MG / 1 Tablet by mouth once a day
Pyridoxine Hydrochloride - Pyridoxine Hydrochloride ER 200 MG / 1 Tablet
by mouth once a day
Rosuvastatin Calcium - Rosuvastatin Calcium 40 MG / 1 Tablet by mouth at
bedtime
Sennosides-Docusate Sodium 8.6-50 mg/tablet / Give 2 tablet by mouth
every 12 hours
Terbinafine Hydrochloride - Terbinafine Hydrochloride 250 MG / 1 Tablet
by mouth once a day

Services Provided:

lifestyle modifications to manage cardio-respiratory condition including
diet changes and regular exercise; strategies to control shortness of breath
and home remedies to keep lungs healthy
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
therapeutic exercises
therapeutic modalities
balance training
equipment training
gait training
work simplification/energy conservation
transfer training
related medication(s) purpose and schedule
symptoms requiring physician notification

**Follow-up
Action:**

**Follow-up
Memo:**

This memo is for your records.