FAX COVER PAGE

Date: 07/08/2026

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:	Report of Unstable Symptoms to Certifying Physician
Submitted By:	Jason Pierrepont
Date:	07/08/2026
Agency Rep:	Jason Pierrepont **Rep Phone:** 410-321-8448
Memo:	M1400 - Dyspnea Notes: labored breathing on exertion balance deficit Notes: Uses a cane abnormal BS < 70/140 > mg/dL Notes: BS 235 mg/dl

Follow-up Action:

Follow-up Memo:

This memo is for your records.