

FAX COVER PAGE



Date: 07/31/2026

To:
Khaing Win , 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: Thomas Szymanski
DOB: 07/09/1954

Subject: Report of Unstable Symptoms to Certifying Physician

Submitted By: Jason Pierrepont

Date: 07/31/2026

Agency Rep: Jason Pierrepont **Rep Phone:** 410-321-8448

Memo: balance deficit Notes: Uses a walker
open sores/lesions Notes: Left wrist
#2 - Abrasion - Anterior Right Upper Arm - Wound care done Notes:
Healing open to room air
#3 - Abrasion - Anterior Left Upper Arm - Wound care done Notes:
Healing open to room air

**Follow-up
Action:**

**Follow-up
Memo:**

This memo is for your records.