FAX COVER PAGE

Date: 08/14/2026

To:
Michelle York , 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:	Theresa Mitchell DOB: 05/25/1948
Subject:	Report of Unstable Symptoms to Certifying Physician
Submitted By:	Shonna Marieno
Date:	08/14/2026
Agency Rep:	Shonna Marieno **Rep Phone:** 410-321-8448
Memo:	blood pressure diastolic: abnormal value is 103 (<60) NOTES: Md notification Pain Interference with ADLs Notes: Occasional pain limited strength Notes: condition is chronically unstable limited range of motion Notes: condition is chronically unstable limited endurance Notes: condition is chronically unstable M1033 - Exhaustion Notes: condition is chronically unstable B1000 - Vision Deficit Notes: condition is chronically unstable balance deficit Notes: condition is chronically unstable M2102d - Caregiver Performs Treatment Notes: condition is chronically unstable M2102f - Patient Supervision Notes: condition is chronically unstable M2102c - Med Admin Notes: condition is chronically unstable
Follow-up Action:	
Follow-up Memo:	

This memo is for your records.