

FAX COVER PAGE



Date: 08/25/2026

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.

Medical Update for Theresa Mitchell DOB: 05/25/1948

Date Order Created: 08/25/2026

Order ID: 1150/21446

Agency Assigned Id: 28164

Certification Period: 07/17/2026 to 09/14/2026

*HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX*

Orders:

*08/25/2026 Medications: Metronidazole - Metronidazole 500 mg 1 tab by mouth four times a day
Tetracycline Hydrochloride - Tetracycline Hydrochloride 500 mg 1 tab by mouth four times a day
Atorvastatin - Atorvastatin Calcium 1 tab80 mg by mouth at bedtime*

*Michelle York
1800 Orleans St*

*1800 Orleans St, MD 21287
Tele:4105229800 FAX: 14103672174*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 08/25/2026