

FAX COVER PAGE



Date: 09/30/2026

To:

Joseph Cook IV , 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: Richard Mellor
DOB: 04/20/1946

Subject: Agency Transfer/Discharge Summary

Submitted By: William Shelton

Date: 09/30/2026

Agency Rep: William Shelton **Rep Phone:** 410-321-8448

Memo:

Admitted on: 09/16/2026

Emergency Contact: Deborah, 443-934-9732

Diagnoses:

Encounter for other orthopedic aftercare (Z47.89), Spinal stenosis, lumbar region without neurogenic claud (M48.061), Intervertebral disc disorders w radiculopathy, lumbar region (M51.16), Essential (primary) hypertension (I10.), Type 2 diabetes mellitus without complications (E11.9), Hyperlipidemia, unspecified (E78.5), Polymyalgia rheumatica (M35.3), Nonrheumatic aortic (valve) stenosis (I35.0), Long term (current) use of oral hypoglycemic drugs (Z79.84)

Medications:

ACETAMINOPHEN 500 MG Tablet / Take 2 tablets by mouth 4 times daily
Amlodipine - Amlodipine Besylate 5mg by mouth twice a day
CALCIUM CARBONATE 600 MG Tablet / Take 1,200 mg by mouth once a day
CARVEDILOL 25 MG / 1 Tablet by mouth TWICE DAILY WITH FOOD
CYCLOBENZAPRINE 5 MG / 1 Tablet by mouth every 8 hours as needed
GLIMEPIRIDE 4 MG Tablet / Take 2 mg by mouth every morning
JARDIANCE 10 MG / 1 Tablet by mouth ONE TIME DAILY
METFORMIN Take 1000 MG Tablet by mouth daily
MULTIVITAMIN 1 tablet by mouth daily
NALOXONE 4 MG/0.1ML Liqd nasal spray Nasal as directed
OXYCODONE Immediate Release 5 MG / 1 Tablet by mouth every 6 hours as needed
POLYETHYLENE GLYCOL 17 g packet / Take 1 packet by mouth daily
POTASSIUM 99 MG Capsule / Take 4 capsules by mouth daily
PREDNISONE 5 MG Tablet / Take 2.5 mg by mouth daily
Prednisone - Prednisone Take 1 MG Tablet by mouth once a day
SENNA 8.6 MG / 1 Tablet by mouth 2 times daily as needed
SIMVASTATIN 20 MG / 1 Tablet by mouth EVERY EVENING
Valsartan; Hydrochlorothiazide - Valsartan; Hydrochlorothiazide 320-12.5 MG / 1 Tablet by mouth EVERY DAY

Services Provided:

PT

Throughout his treatment they have received training on transfers, bed mobility, gait sequencing over even and uneven surfaces, dynamic balance, strengthening and stair negotiation training as well as home safety, fall risk prevention, pain management, medication safety and Ed in lower extremity home exercise program. Patient demonstrated good recall of lower extremity home exercise program, improved safety measures, breathing techniques such as pursed lipped breathing. Tinetti score improved to 25/28 and tug score of 9.8 seconds. Pt discharged with goals met. Discharged to care of family/ self.

**Follow-up
Action:**

**Follow-up
Memo:**

This memo is for your records.