

FAX COVER PAGE



Date: 10/06/2026

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
MD217058**

10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
Phone: 410-321-8448 Fax: 410-559-3002

**PHYSICIAN VERBAL
ORDER (487)**

DATE ORDER CREATED: 10/06/2026	PATIENT INFORMATION	
ORDER ID: 1150/22370	PATIENT NAME: Thomas Szymanski	DOB: 07/09/1954
AGENCY ASSIGNED ID: 27731		
CERTIFICATION PERIOD: 09/07/2026 to 11/05/2026	ADDRESS: 1415 Emily Ct West, ABINGDON, MD 21009-	
PHYSICIAN FACE-TO-FACE DATE: 07/02/2026	PHONE: 443-876-6114	

ORDERS
CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: SN-disease management PT-eval & treat OT-eval & treat due to Fracture of one rib left side subsequent for fracture with routine healing
HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ORDER DETAILS	
#	ORDER / INSTRUCTIONS
1	Verbal order obtained to perform ROC on 10/6/2026

PHYSICIAN INFORMATION
PHYSICIAN NAME: Khaing Win, MD

ADDRESS: 3401 Box Hill Corporate Center Dr Ste 100, 21009, MD 21009

PHONE: 4438437000

FAX: 14436431850

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE

Signature: _____

Date: _____

STAFF SIGNATURE (RECEIVED BY)

Signature: Electronically Signed by
Messick, RN, Charles

Date: 10/06/2026

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.