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: 09/21/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/22089	**PATIENT NAME:** Eileen Kuch	**DOB:** 08/16/1945
AGENCY ASSIGNED ID: 30631	**ADDRESS:** 7924 Savage Guilford Rd, JESSUP, MD 20794-	
CERTIFICATION PERIOD: 09/22/2026 to 11/20/2026	**PHONE:** 410-313-6063	
PHYSICIAN FACE-TO-FACE DATE: 09/18/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: PT-eval & treat OT-eval & treat dx:uti

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Physician Face-to-Face Date: 09/18/2026
2	Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx:uti
3	Homebound Status per Certifying Physician: medical condition could get worse if patient leaves home
4	1 - SOC - PT Notes: soc

PHYSICIAN INFORMATION

PHYSICIAN NAME: Sarah Lichenstein, MD	
ADDRESS: 7070 Samuel Morse Dr, 21046, MD 21046	
PHONE: 410-309-4600	**FAX:**

VERBAL ORDER AUTHORIZATION

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

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by Hayes, LPN/LVN, Donna*
Date: _____	Date: *09/21/2026*

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