

FAX COVER PAGE



Date: 09/21/2026

To:
Anita Tammara , 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: Elizabeth Hall
DOB: 05/26/1947

Subject: Symptoms with No Related Diagnosis

Submitted By: MHCB Team

Date: 09/21/2026

Agency Rep: MHCB Team **Rep Phone:** 410-321-8448

Memo: 1 - Abrasion - Other - Left shin - Patient scrapped her left shin while in the hospial.
2 - Blister - Anterior Left Foot - New burst blister upper LLE
weak hand grips
rough/scaly/cracked skin
bleeding/discharge at site
M1600 - UTI

**Follow-up
Action:**

**Follow-up
Memo:**

This memo is for your records.