FAX COVER PAGE



Date: 10/12/2026

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.

HomeCentris Healthcare LLC memo...

Patient: Gloria Scott
DOB: 03/05/1945

Subject: Symptoms with No Related Diagnosis

Submitted By: MHCB Team

Date: 10/12/2026

Physician: Michelle York
1800 Orleans St
Baltimore, MD 21287
4105229800

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

Memo: M1620 - Bowel Incontinence
B1000 - Vision Deficit
1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right buttock - No wound care orders at this time

This memo is for your records.