FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 10/22/2026

To:
Dara Jackson , 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: Jaqueline Gracey
DOB: 09/20/1965

Subject: Agency Transfer/Discharge Summary

Submitted By: Charles Messick

Date: 10/20/2026

Agency Rep: Charles Messick **Rep Phone:** 410-321-8448

Memo:

Admitted on: 10/09/2026

Emergency Contact: ROBERT, (443) 531-5556
Dana Clark, 443-531-5556

Diagnoses:
Hypercalcemia (E83.52),Metabolic encephalopathy (G93.41),Essential (primary) hypertension (I10.),Hyperlipidemia, unspecified (E78.5),Type 2 diabetes mellitus without complications (E11.9),Dysarthria following cerebral infarction (I69.322),Facial weakness following cerebral infarction (I69.392),Human immunodeficiency virus [HIV] disease (B20.),Chronic viral hepatitis B without delta-agent (B18.1),Unspecified cirrhosis of liver (K74.60),Chronic obstructive pulmonary disease, unspecified (J44.9),Dysphagia, unspecified (R13.10),Hypomagnesemia (E83.42),Other pancytopenia (D61.818),Long term (current) use of oral hypoglycemic drugs (Z79.84),Long term (current) use of insulin (Z79.4),Long term (current) use of aspirin (Z79.82),Personal history of pulmonary embolism (Z86.711)

Medications:
ASPIRIN Chewable 81 MG / 1 Tablet by mouth Every day
ATORVASTATIN 40 MG / 1 Tablet by mouth At night at bedtime
Biktarvy 50 MG-200 MG- 25 MG / 1 Tablet by mouth once a day
CONSTULOSE 10 G/15 ML Oral liquid / 30 Milliliter by mouth Every day
FUROSEMIDE 20 MG / 1 Tablet by mouth twice a day
GABAPENTIN 600 MG Tablet / 2 tab(s) by mouth three times a day
K-Tab - Potassium Chloride Extended Release 10 MEQ / 1 Tablet by mouth twice a day
Lantus Solostar - Insulin Glargine Recombinant 100 UNIT/ML / 40 unit(s) subcutaneous Every day
LIDOCAINE 4% Topical Film / 1 Patch topical One time
METFORMIN Extended Release 750 MG / 1 Tablet by mouth twice a day
Metoprolol Tartrate - Metoprolol Tartrate 75 MG / 1 Tablet by mouth twice a day
MOUNJARO subcutaneous solution 12.5 mg/0.5 ml / 12.5 Milligram subcutaneous once a week
NYSTATIN 1 app topical twice a day

Olmesartan Medoxomil - Olmesartan Medoxomil 40 MG / 1 Tablet by mouth Every day
ONDANSETRON 4 MG / 1 Tablet by mouth as necessary
PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth Every day
SERTRALINE 50 MG / 1 Tablet by mouth Every day
SPIRONOLACTONE 100 MG / 1 Tablet by mouth once a day
THIAMINE 100 MG / 1 Tablet by mouth Every day
TRAMADOL 50 MG Tablet / 2 tab(s) by mouth three times a day
TRELEGY ELLIPTA Inhalation Powder 100 mcg-62.5 mcg-25 mcg / 1 inh inhalant once a day
Ventolin Hfa - Albuterol Sulfate Inhalation Aerosol 90 MCG/INH / 2 inh inhalant as necessary

Services Provided:
PT
S N

Gracey Jacqueline@ NWH 10/20/26 Admitted dx Alter mental status & Hypotension,

Follow-up Action:

Follow-up Memo:

This memo is for your records.