FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 11/03/2026

To:
Yisroel Schonfeld , PA

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: McLeod Townes
DOB: 05/06/1951

Subject: Report of Unstable Symptoms to Certifying Physician

Submitted By: Karen Hill Campbell

Date: 11/02/2026

Agency Rep: Karen Hill Campbell **Rep Phone:** 410-321-8448

Memo:
muscle weakness Notes: Improvement reported
limited strength Notes: Improving
swelling in the arms/legs Notes: 0 pitting to left leg
dependent edema Notes: Left foot and LE left than right leg
swelling of affected area Notes: Left foot
swell/redness surround. skin Notes: Left foot
M1745 - Behavioral Issues Notes: Memory improvement reported
#1 - Other - Anterior Left Foot - Bruising no open wound Notes: Redness bruising nausea ted to left side of the wound right side with epithelial skin noted. No active bleeding noted. Bloody drainage note to sock removed. Occurs when patient ambulates. Patient instructed to me ff set pressure to big toe with walking

Follow-up Action:

Follow-up Memo:

This memo is for your records.