FAX COVER PAGE



Date: 11/10/2026

To:
Geneva Cason , NP

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:	Virginia Garrison DOB: 06/23/1948
Subject:	Report of Unstable Symptoms to Certifying Physician
Submitted By:	Jason Pierrepont
Date:	11/10/2026
Agency Rep:	Jason Pierrepont **Rep Phone:** 410-321-8448
Memo:	Pain Interference with ADLs Notes: Daily #1 - GI Ostomy - Anterior Left Abdomen - COLOSTOMY pouch in place. Notes: Assessed balance deficit Notes: Uses a wheelchair M1610 - Urinary Incontinence Notes: Daily frequent urination Notes: Daily
Follow-up Action:	
Follow-up Memo:	

This memo is for your records.