



## REGINA NURSING CENTER

550 East Fornance Street  
Norristown, Pennsylvania 19401-3561  
(610) 272-5600

Dear Family Member/Responsible Party:

In an effort to bring our records up-to-date and also to be able to comply with the wishes of the family/responsible party, will you please fill in this request with the following information:

In the event of an emergency and it is necessary to transfer my family member to the hospital, I would prefer that transfer be made to:

Montgomery Hospital

Mercy Suburban Hospital

If a family member or responsible party is unable to be contacted in the event of death of the resident, I authorize the Regina Community Nursing Center to contact the following funeral director to handle the arrangements:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

We trust the above emergencies will not occur when the family is unavailable, but in order to alleviate any problems, it would be most helpful to have a record of the family's preferences.

Resident's Name \_\_\_\_\_

Responsible Party \_\_\_\_\_

Telephone Number \_\_\_\_\_