



REGINA NURSING CENTER

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

**RELEASE OF MEDICAL INFORMATION**

Please release to Regina Nursing Center the medical information you have in your file on \_\_\_\_\_ while a patient at your hospital.

Please send this information marked to my attention.

Thank you,

\_\_\_\_\_  
Bonnie A. Dudley, R.N.  
Director of Nursing

I hereby give permission for the release  
of my medical information to  
Regina Nursing Center.

\_\_\_\_\_  
Resident Name

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