



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.

Michele Michaels, L.P.N.
Director of Admissions

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

Resident Name

Responsible Party Signature