

St. Ann's Community

1500 Portland Avenue

Rochester, NY 14621

Phone: 697-6311

Fax: 342-2575

RELEASE OF INFORMATION

I hereby freely give permission for _____
(e.g. Facility, Specialist, PCP, etc.)

Address: _____

Telephone #: _____ Fax: _____

to provide the following information to St. Ann's Community:

- **Immunizations:** (Influenza, vaccination, pneumovax, tetanus, and PPD results)
- **Problem list**
- **Medication List**
- **Any Hospital Discharge Summaries**
- **Recent blood tests and other diagnostic tests**
- **Progress Notes from recent office visits (within last 6-12 months)**
- **Advance Directives (MOLST)**
- **Other (_____)**

In the case of: _____

Date of Birth: _____

(Patient or Responsible Party)

Date

__ Faxed by Admission's