

RELEASE OF INFORMATION - LONG TERM CARE

I hereby freely give permission for

_____ (e.g. Facility, Specialist, PCP, etc.)

_____ Address

_____ City State Zip

_____ Phone Fax

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

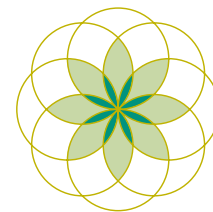
- Immunizations (Influenza, vaccination, pneumovax, tetanus, and PPD results)
- Problem list
- Medication List
- Any Hospital Discharge Summaries
- Recent blood tests and other diagnostic tests
- Progress Notes from recent office visits (within last 6-12 months)
- Advance Directives (MOLST)
- Other _____

In the case of _____

Date of Birth _____

_____ Patient or Responsible Party Date

Faxed by Admission's



ST. ANN'S
COMMUNITY

Full of Life

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Caring for the Most Important People On Earth

