



DUNWOODY VILLAGE

3500 West Chester Pike • Newtown Square, PA 19073
610-359-4400 • Fax 610-359-4586 • 1-800-DUNWOODY
Hearing Impaired 1-800-654-5984 • www.dunwoody.org



RELEASE OF HEALTH INFORMATION AUTHORIZATION

3/22/17

Prospective Resident's Name: _____

Date: _____

I, _____, authorize the release of information including the diagnosis and primary care physician's progress notes and consultant reports for the period "Within The Last Year". Please also include X-ray reports, laboratory work, and an EKG that has been done within the last year.

Please provide physician's contact information below:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Fax #: _____

Thank you for forwarding my medical information to:

Marketing Department
c/o Sally Johnson
Dunwoody Village
3500 West Chester Pike
Newtown Square, PA 19073
FAX: 610-359-4586

Print your name

Signature

Address

Date of Birth