



SHERWOOD OAKS

Consent to Release Information

100 Norman Drive • Cranberry Twp., PA 16066 • Phone: (724) 776-8100 • Fax: (724) 776-8468

I, _____ authorize the holder of medical information about me to release the following information to:

Katherine Vojtko, Vice President
Sherwood Oaks Retirement Community
100 Norman Drive
Cranberry Twp., PA 16066
(724) 776-8544 *phone*
(724) 776-8468 *fax*

Information to be released:

- History and Physical
- Physician and Nurses notes from the past 12 months
- The following tests (if available)
 - EKG
 - Chest x-ray
 - Chemistry Panel
 - CBC
 - Urinalysis

This request is made for the purpose of applying for residency at Sherwood Oaks. This request expires when the information noted above is mailed or faxed to Sherwood Oaks.

Signature _____ Date _____

Date of birth _____

Address _____
