

Request for Release of Records

Date _____

This Request is being sent to:

I hereby request that my records be released to:

Ave Maria Community Care Home, Inc.
1 Pinnacle Meadows, Richford, VT 05476
802-848-7106, Fax: 802-848-3216, www.avemariacare.com

Patient's Name: _____ Date Of Birth: _____

Address: _____

Signature: _____