

LINCOLN HILL MANOR

53 Lincoln Street Spencer MA 01562
(508) 885-3338

Release of Medical and Personal Information

For _____

DOB ____/____/____

From resident/guardian _____

I authorize _____ to examine at reasonable times and upon request, all of my personal and medical records. This request is utilized to assist in the admission process or for ongoing continuity of care.

Signed _____

Date ____/____/____

For Lincoln Hill Manor _____

Date ____/____/____