



**WESTON ADULT DAY CARE CENTER**

1 Bassett Avenue

New Castle, DE 19720

WestonAdultDayCare@aol.com

(302) 328-6425 – Phone

(302) 328-6422 - Fax



**Authorization for Release of Medical Information**

Date: \_\_\_\_\_

I hereby grant permission to Dr. \_\_\_\_\_

Phone #: \_\_\_\_\_ to provide verbal and/or written medical information to  
Weston Adult Day Care center in order to provide necessary services to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Participant/Representative Signature:

\_\_\_\_\_

If you have any questions, please do not hesitate to call me at 302-328-6425.

Thank you,

Patti Bennett RN, BSN