



*The Villas at Canterfield*  
A Retirement Community Rich in Lifestyle

Dear Dr. \_\_\_\_\_

Your Patient \_\_\_\_\_ with date of birth \_\_\_\_\_

Has chosen to reside at The Villas at Canterfield. We need the following documentation per state regulations and to properly care for your patient. Please complete the Physician's Medical Evaluation.

In addition to a list of medications, we need legal legitimate prescriptions (with refills) for **all** medications including over the counter such that Guardian Pharmacy may be able to fill them accurately.

For PRN medications, please do not use ranges for the dosage or ranges for times. Please also include what the PRN medication is used for on the prescription.

Thank you for your time as we strive to provide great care for your patient.

FAX: 678-208-6459

Sincerely,

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The Villas at Canterfield Staff

Please call 770-888-4929 with any additional questions

*Cumming's first retirement community where elegance meets a continuum of care.*



## Medical Release Form

The Villas at Canterfield

Phone: (770) 888 - 4929

I, \_\_\_\_\_ (Resident or Guardian's name) authorize the release of medical information via fax, hardcopies, and phone conversations for the following resident of the Villas at Canterfield;

To all physicians, therapists, insurance companies, pharmacies, home health/hospice agencies, VAC employees, emergency medical personnel, and guardians involved in (Resident's Name) \_\_\_\_\_ care.

Resident's Printed Name: \_\_\_\_\_

If there is any person(s) that you do not want The Villas at Canterfield to release information to about above Resident, please list below.

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Signature of Resident: \_\_\_\_\_

AND/OR

Signature of Guardian: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

***Guardians: Attach copy of guardianship papers, i.e., Power of Attorney, Durable Power of Attorney (Healthcare)***

Guardian's Printed Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***This document can be revoked or revised in writing at any time. The Resident/Guardian must submit revisions in writing to the Executive Director at The Villas at Canterfield.***