



Brian J. Broker, MD  
Laurence V. Cramer, DO  
Paul B. Swanson, MD

Carol F. Actor, MD  
Geeta A. (Bhargave) Patel, MD  
Daniel P. Nadeau, MD

Other than myself I authorize the following to receive my personal and protected health information:

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

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

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

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

and be able to pick up my records upon my request. Also are there any other physicians you wish to include our correspondence:

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

Circle all that apply - Can we leave you a message on your: **Home** **Cell** **Work**

I have read and have had all my questions answered.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

(Patient-18 years of age or older, if under age parent or guardian signature)

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

Witness \_\_\_\_\_

05/29/2018

**Phoenixville:** 826 Main Street, Suite 201 Phoenixville, PA 19460 **Tel:** 610-415-1100 **Fax:** 610-415-1101  
**Bryn Mawr:** 825 Old Lancaster Road, Suite 300 Bryn Mawr, PA 19010 **Tel:** 610-520-0900 **Fax:** 610-415-1101  
**Pottstown:** 5 South Sunnybrook Road, Suite 300 Pottstown, PA 19464 **Tel:** 610-326-3600 **Fax:** 610-415-1101  
**East Norriton:** 342 West Germantown Pike, Suite 320 East Norriton, PA 19403 **Tel:** 610-415-1100 **Fax:** 610-415-1101