



PATIENT'S FULL NAME _____ BIRTHDATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ CELL PHONE _____

SOCIAL SECURITY # _____ EMPLOYED () YES () NO

PHARMACY _____ PHARMACY LOCATION _____

SEX () Male () Female MARITAL STATUS () Single () Married () Divorced () Widow

RACE () American Indian/Alaskan Native () Asian () Black/African American () Pacific Islander () White Other: _____

REFERRING PROVIDER: _____ FAMILY PHYSICIAN: _____

CARDIOLOGIST: _____ (if applicable)

Primary Insurance _____ Policy Holder _____
Member ID/Policy # _____ Group # _____ Date-of-Birth _____

Secondary Insurance _____ Policy Holder _____
Member ID/Policy # _____ Group # _____ Date-of-Birth _____

Tertiary Insurance _____ Policy Holder _____
Member ID/Policy # _____ Group # _____ Date-of-Birth _____

EMERGENCY CONTACT AND PERSON(S) WE MAY RELEASE INFORMATION TO:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize **Montgomery Vascular Surgery, P.C.** to release all medial records and pertinent medical information to any insurer, governmental agencies providing benefits, or to anyone liable for charges, I also authorize release of said information to my referring physician and to other medical providers who are or may become involved in my treatment.

PRIOR CONSENT TO CONTACT BY PHONE/CELL PHONE

I, the undersigned, give Montgomery Vascular Surgery, its employees and/or agents consent to contact me by telephone at any number associated with my account, including wireless telephone numbers, which could result in charges to me, for the purpose of treatment, insurance and/or payment. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing device, as applicable. I authorize messages to be left on my answering machine and/or voicemail.

SIGNATURE _____ DATE _____

VERIFY: _____ DATE _____

VERIFY: _____ DATE _____