

**JEFFREY A. ALPER, M.D., P.A.**

- JEFFREY A. ALPER, M.D.
- ALAIN ALVAREZ, M.D.
- TERRY L. SMITH, ARNP
- NATHAN WARDER, ARNP
- KATE GRIGOL, NP

**PATIENT:**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ D/O/B \_\_\_\_\_

**ALLERGIES**

DO YOU HAVE ANY MEDICATION ALLERGIES? YES \_\_\_\_\_ No \_\_\_\_\_

IF YES, TO WHAT? \_\_\_\_\_

TYPE OF REACTION: \_\_\_\_\_

**YOUR MEDICATION LIST:** LIST ANY MEDICATIONS YOU ARE TAKING AT THIS TIME. **INCLUDING** SUCH ITEMS AS ASPIRIN, VITAMINS, LAXATIVES, AND CALCIUM SUPPLEMENTS & ETC.

	NAME OF DRUG	DOSE/STRENGTH # OF PILLS/DAY	HOW LONG HAVE HAVE YOU BEEN ON IT?	DID IT HELP?		
				A LOT	SOME	NOT AT ALL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**PHARMACY NAME:**

\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

REVIEWED BY: \_\_\_\_\_

**JEFFREY A. ALPER M.D., P.A.**

**REQUEST MEDICAL RECORDS**

- JEFFREY A. ALPER, M.D.     ALAIN ALVAREZ, M.D.     TERRY L. SMITH, ARNP  
 NATHAN WARDER, ARNP     KATE GRIGOL, PA  
 NAPLES     BONITA

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION:**

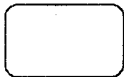
**PATIENT NAME:** \_\_\_\_\_ **D/O/B:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREVIOUS NAME:** \_\_\_\_\_ **SOCIAL SECURITY#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I REQUEST AND AUTHORIZE

TO:

RELEASE HEALTHCARE INFORMATION OF THE PATIENT NAMED ABOVE TO:



JEFFREY A. ALPER M.D., P.A.  
6605 HILLWAY CIR, UNIT 101  
NAPLES, FL 34112  
**FAX: (239) 261-9658**



JEFFREY A. ALPER M.D., P.A.  
9410 FOUNTAIN MEDICAL COURT  
BONITA SPRINGS, FL 34135  
**FAX: (239) 261-9658**

THIS REQUEST AND AUTHORIZATION APPLIES TO:

HEALTHCARE INFORMATION RELATING TO THE FOLLOWING TREATMENT, CONDITION OR DATES: \_\_\_\_\_

ALL HEALTHCARE INFORMATION

OTHER \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_