



Anderson Medical Center
4743 Arapahoe Avenue, Suite 102
Boulder, CO 80303

Avista Medical Office Building
80 Health Park Drive, Suite 250
Louisville, CO 80027

www.alpinesurgical.net
Phone 303.449.3642 Fax 303.440.7298

Today's Date: _____

PATIENTS FULL NAME (please print): _____ Date of Birth: _____

GUARANTOR INFORMATION : Person who is responsible for payment.

Name: _____ Employer Name: _____
Address: _____ Employer Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Employer Phone: _____
Date of Birth: _____ Relationship to Patient: _____

Please complete the section below if you are over 18 and wish to allow a friend, spouse, parent, or other family member to discuss medical and/or billing information with our office.

Authorization to Discuss Medical and Billing Information

I, _____, hereby authorize Alpine Surgical to discuss my medical and billing information with the following listed persons.

First and Last name of authorized person: Relationship: (ie: mother, son, spouse, friend)
1: _____ 1: _____
2: _____ 2: _____
3: _____ 3: _____
4: _____ 4: _____

Patient Signature: _____ Date: _____