

VILLAGE



8575 NE 138th Lane

Suite 203

Lady Lake, FL 32159

Georg Couturier MD, FACC
Bryan Carter MPA-C
Schafer APRN

Saroj Tampira, MD, FACC
Erica Harden, APRN

Sujata Balulad, MD
Jennifer Koeller, PA-C
Renee
Scott Wojciechowski PA-C

Preliminary Patient Information Sheet

Patient Name _____ Date of Birth _____

Street Address _____

City _____ ST _____ Zip Code _____

Contact Number _____ Male _____ Female _____

Primary Insurance

Insurance Company _____ Phone Number _____

Subscriber number _____ Group# _____

Secondary Insurance

Insurance Company _____ Phone Number _____

Subscriber number _____ Group# _____



8575 NE 138th Lane

Suite 203

Lady Lake, FL 32159

Georg Couturier MD, FACC
Bryan Carter MPA-C
Schafer APRN

Saroj Tampira, MD, FACC
Erica Harden, APRN

Sujata Balulad, MD
Jennifer Koeller, PA-C
Renee
Scott Wojciechowski PA-C

Authorization to Release Medical History

I request and authorize the following health care providers to release healthcare information of the patient named above.

Primary Care _____ PH _____ FX _____

Other Providers _____ PH _____ FX _____

Other Providers _____ PH _____ FX _____

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date _____

Last four digits of social security _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.