DAVID B. McALPINE, M.D., F.R.C.O.G.
OBSTETRICS, GYNECOLOGY & INFERTILITY

Southwest Medical Plaza, Building 1
7100 Oakmont Blvd., Suite 102 • Fort Worth, Texas 76132
(817) 370-2440 • Fax (817) 370-8209

PATIENT'S PRINTED NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

I CONSENT AND AUTHORIZE THE RELEASE OF PERSONAL/MEDICAL INFORMATION TO THE FOLLOWING PERSONS:

_____ _____
NAME **RELATIONSHIP**

_____ _____
NAME **RELATIONSHIP**

_____ _____
NAME **RELATIONSHIP**

_____ _____
NAME **RELATIONSHIP**

PRIMARY CARE PHYSICIAN'S FULL NAME _____

PHONE NUMBER _____

PREFERRED PHARMACY NAME _____

PHARMACY ADDRESS _____

_____

PHARMACY PHONE NUMBER _____

PATIENT SIGNATURE: _____ **DATE:** _____