

# Alessi Vascular Surgery, PC

Christopher Alessi, M.D.

Initial

\_\_\_\_\_ **Medication Refill Policy:**

- Refills must be received between 9:00am and 3:00pm Monday through Friday.
- Refill requests must be received by fax from your pharmacy. Allow 72 hours for refills to be processed, excluding weekends and holidays.
- It is illegal to drive under the influence of drugs or alcohol. **Do not** drive after you take a narcotic prescribed by this office and while you are under the influence of narcotics. Please consult with the provider who wrote the prescription, for each narcotic, to assess when you are legal to drive.

I authorize access to my medication history from any prescriber within SureScripts to assist in preventing adverse drug reactions.

\_\_\_\_\_ **Medicare Payment Authorization:** I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Alessi. I also further authorize and direct any holder of medical information about me to release such information to the Centers of Medicare and Medicaid Services; formerly the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. This authorization shall remain in full force and effect until revoked in writing by myself. A copy of this authorization shall be as valid as the original.

\_\_\_\_\_ **Acknowledgement:** I acknowledge that I have reviewed the Notice of Privacy Practices on our website at [www.alessivascularsurgery.com](http://www.alessivascularsurgery.com). If a paper copy of the Notice of Privacy Practices is preferred, I will request a copy from the receptionist at the time of my appointment and review it before I sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print patient / representative name: \_\_\_\_\_ Relationship: \_\_\_\_\_