



Phone: 907.563.8876
Fax: 907.762.6390
3801 University Lake Drive
Anchorage, AK 99508

Dear Patient:

Enclosed you will find a questionnaire regarding your past medical history and your current concerns. **We ask all our patients to please take the time to complete this questionnaire before your appointment. In the event you are unable to do so, we may need to reschedule your appointment.**

Some questions may not be relevant to your particular history, or you may not know the answer; however, please answer all questions to the best of your ability. This information will aid in the diagnosis and treatment of your medical problem.

We greatly appreciate your time and effort in filling out this form.

Your appointment is scheduled on _____ at _____ with _____, at the _____ facility. Please call our office, before your appointment, to pre-register. The phone number is (907) 563-8876.

Please bring this completed form, any old medical records, and any imaging studies (X-Rays, MRI, CT scan, etc.) you may have, to your appointment.

PLEASE DO NOT MAIL BACK!

Sincerely,

Alaska Spine Institute Providers:

Larry A. Levine, MD
Michel L. Gevaert, MD
Shawn P. Johnston, MD
Erik A. Olson, DO
Shawna Hill-Wilson, ANP-C