

NEUROSURGICAL ASSOCIATES, L.L.C.  
5171 SOUTH COTTONWOOD STREET, SUITE 950  
MURRAY, UTAH 84107  
PHONE (801) 507-9555  
TOLL FREE (866) 804-2193  
FAX (801) 507-9550

## Patient Request for Health Information

### Patient information (Please Print)

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First Name	Middle Initial	Last Name
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Date of Birth (MM/DD/YYYY)	Phone Number	Email (optional)
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Street Address	City	State	Zip
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### What records do you want? (Check appropriate types below):

Date(s) of Service: \_\_\_\_\_ through \_\_\_\_\_

Office Notes ☐ Emergency Room Records ☐ Operative/Procedure Reports ☐ Billing Records ☐

Test Results (X-Rays, Lab/Pathology Results) Please specify: \_\_\_\_\_

Other (Medication Lists, etc.) Please specify: \_\_\_\_\_

### How would you like your records delivered?

Home Delivery ☐ In-Person Pickup ☐ Patient Portal ☐ Email ☐ Fax ☐

### Where do you want the information sent? (Check appropriate box below):

Neurosurgical Associates, LLC should provide my records to: Self ☐ and/or Personal Representative (indicated below) ☐

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Recipient Name:	Recipient Phone:	Recipient Fax:
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Recipient Mailing Address:	Recipient E-Mail (if applicable):
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**Please print your name and sign below:**

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Name of Patient or Personal Representative (please print)	Relationship (please print)
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Signature of Patient or Personal Representative	Date/Time
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**Return completed form to Neurosurgical Associates, Attention: Medical Records via fax, patient portal or mail.**

**Fax: 801-507-9550**

**Patient Portal: [www.nsamd.com](http://www.nsamd.com)**

**Questions? Please call 801-507-9568**