Stephanie L. Olsen, MD, FACC
Daniel J. Humiston, MD, FACC
Christopher Kim, MD
Bhavananda Reddy, MD
Richard Ellis, PA-C

Scott H. West, MD, FACC
Eric S. Anding, MD, FACC
Evan R. Law, PA-C
Bryan Searle, PA-C

RECORDS RELEASE AUTHORIZATION

To: ____

____

____

Please send the complete history records in your possession, concerning my illness and/or treatment during the period from ______________ to ______________.

Name: ______________________________ Date: ______________

Address: ____

Signature: ______________________ Relationship: ______________
(if relative, state relationship)

Witness: ______________________

Birth Date: ______________________ Home Phone: ______________

SSN: ____________________

Please send to:
(Check one below)

☐ Layton
2132 North 1700 West
Suite #200
Layton, Utah 84041
Phone: (801) 776-0174
Fax: (801) 825-3904

☐ Bountiful
520 E. Medical Drive
Suite #300
Bountiful, Utah 84010
Phone: (801) 292-1315
Fax: (801) 295-3411