



Andrew Park, M.D.
Robert Viere, M.D.
Michael Hennessy, M.D.
Chester Donnally, M.D.
Heidi Lee, M.D.

Comprehensive Care of Neck and Back Disorders
Phone: 214.370.3535 / Fax: 214.370.0004
www.TSCspine.com

Individual Request by Patient for Medical Records

Patient Name _____

Date of Birth _____

Address _____

Phone Number _____

I am requesting a complete copy of my medical records.

I understand my complete medical record will be provided to me online for secure access & download.

I will receive a message when my records are ready. Please send me this message by (select one below):

Text alert to cell phone #: _____

Email alert to email address: _____

PROCESSING FEE:

\$25 prepayment required.

****Once payment and request form are received, please allow 10-15 days for processing.****

For faster processing, you may place your request and pay online at <https://www.TSCspine.com>.

Method of Payment:

Make check payable to "eRequest LLC" and mail to the following address:

eRequest LLC
5202 Bourrone Court
Bryan, TX 77802

ATTENTION:

- Physical Therapy (PT) records are not part of Texas Spine Consultant medical records. PT records must be requested directly from your PT facility/provider.
- Only in-office X-rays are available from Texas Spine Consultants. To request a CD of your X-rays taken at Texas Spine Consultants, call us at (214)370-3535. Processing Fee: \$5.
- To request any other imaging (MRI, CT scan, myelogram, etc.), you must directly contact the imaging facility where you had the imaging done.

PRINTED NAME & SIGNATURE of Patient, Parent/Guardian, or Authorized Personal Representative

Your Relationship to Patient:

Self Parent/Guardian Authorized Personal Representative (submit copy of ID & documentation)

Your Printed Name _____

Signature _____

Today's Date _____