

PRINCETON SURGICAL ASSOCIATES, P.A.

Kenneth A. Goldman, MD, RVT, FACS
Lawrence J. Jordan, MD, FACS
Nisha S. Dhir, MD, FACS
Elliot B. Sambol, MD, RPVI, FACS
Liam R. Smith, MD, FACS, FASCRS
Ramez Juha, MD, FACS
Tomer Davidov, MD, FACS

5 Plainsboro Road, Suite 400
Plainsboro, New Jersey 08536-1913

609-936-9100
Fax: 609-936-9200

www.princeton-surgical.com



General and Thoracic Surgery
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Before Princeton Surgical Associates, PA can complete your request for protected health information (PHI) we must first verify and document your identity, the information you would like to use or disclose and your purpose in requesting this information.

Please be aware that we have thirty days to process your request for medical records if the information is maintained on site and sixty days if the information is maintained off-site and we may extend the deadline by an additional thirty days if you are notified in writing of the extension. Please be aware this authorization is in effect for a period of 1 year from the date below unless revoked by you in writing.

Please fill out the information below. Be as accurate and specific as possible.

Person Requesting Information

Name: _____

Address: _____

Date of Birth: _____

I am requesting the following protected health information:

Please provide to whom the protected information is going to:

The reason for my request:

I certify that the information on this request form is true and accurate to the best of my knowledge, and I shall not use or disclose the information received from Princeton Surgical Associates, PA for any purpose other than what is listed on this form.

Signature of person requesting records

Date