Medical Record Release Form

Ricardo L Rodriguez MD LLC | 410-494-8100

Use this form to request your practice chart or operative note from Dr. Rodriguez's practice. Print, complete, sign, and return it using the instructions below. For facility records, see the separate instructions at the bottom.

1. Patient information

All fields are required to verify your identity against our records.

Full patient name _____

Date of birth _____ Primary phone _____

Mailing address _____

City _____ State _____ ZIP _____

2. Records and delivery

Select one record option and one delivery method under that option.

☐ **Option 1: Operative note only - no charge (surgery and implant details)**

- ☐ In-person office pickup ☐ Regular postal mail

☐ **Option 2: Copy of the practice chart - per page fee + shipping**

- ☐ In-person office pickup - no shipping cost
- ☐ FedEx delivery - shipping fee applies

3. Payment for practice chart

For practice-chart copies, pay the per-page cost plus any shipping in advance.

Call 410-494-8100 to arrange payment.

Do not write credit card information on this form or send it by email.

4. Patient signature

By signing below, I provide my express permission to release my protected health information to me via the specific delivery method selected above.

Patient signature _____ Date _____

Return your completed form

Print, complete, and sign this form, then return it by email or fax below.

Email: Send a scan or clear photograph to **consult@cosmeticsurg.net**

Use the subject line: "Records Request for [your full name]"

Fax: 410-494-0815 | Questions? Call 410-494-8100.

Facility records require a separate request

This form does not cover your Cosmetic Surgery Facility LLC facility chart. Those records require a separate request to the new owner and records custodian, Blue Cloud Pediatric Surgery LLC. Email Genevieve Gigliotti at genevieve.gigliotti@bluecloudpsc.com for the separate facility-records request form and instructions.