

Ramon A. DeJesus, M.D., FACS
Mathew A. Thomas, M.D.



Bryan I. Fagan, PA-C
Eric J. Davies, PA-C
Rachel Pigott, OT, CHT
Stefanie Stevenson, OT, CHT

Medical Records Request

Patient's Name: _____

DOB: _____

Physician/Facility Releasing Records:

Bel Air Center for Plastic & Hand Surgery
2012 S. Tollgate Road Suite 100
Bel Air, MD 21015

Release Records To:

- ☐ Patient. Will pick up on _____
- ☐ Call patient when complete, phone: _____
- ☐ Send Records to: _____
 - Address: _____

 - Fax# _____ Attn: _____

Records to Release:

_____ Entire Record

_____ Records Related to: _____

Patient or Legal Guardian Signature

Date: _____

Plastic, Cosmetic & Reconstructive Surgery • Hand, Peripheral Nerve & Microsurgery

Bel Air South Professional Center • 2012 South Tollgate Road • Suite 100 • Bel Air, MD 21015
Phone: 410.569.5155 • Fax: 410.569.5166 • www.belairplasticandhand.com