

Chesapeake Center for Cosmetic & Plastic Surgery

Request for Copies of Medical Records

The patient or authorized representative completing this form requests a copy of his or her medical records as maintained by the records custodian ("Centurion") of the Chesapeake Center for Cosmetic and Plastic Surgery.

Patient's Name

Patient's Date of Birth

Would you like to pick up the copies at Centurion Document Management? ___Yes ___No

If not, would you like the copies to be mailed directly to you or to another physician? ___Yes ___No

___ I would like the copies to be sent directly to me at this address:

Street Address

Apt. #

City

State

Zip Code

___ I would like the copies to be sent to the physician/provider identified below:

Name of Practice or Practitioner to Receive Records

Street Address

Suite. #

City

State

Zip Code

I authorize copies of the referenced medical records to be sent as above.

Signature of Patient or Authorized Representative

Date

Print name of Patient or Authorized Representative

Telephone Number

If the person signing above is the patient's authorized representative, complete the line below.

Name of Authorized Representative

Relationship to Patient

Records may be picked up, in person, at the following address:

Centurion Document Management
1431 Baker Road, Suite C
Virginia Beach, VA 23455
Phone: 757-363-7400

Costs are as follows:
Copy of paper medical records: \$22.00 (flat fee)
Postage (flat fee for mailing records): \$10.00
Copies of any photographs: \$15.00

