



# TOTAL CARE 280

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Birmingham, AL 35242  
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(877) 925-9181

AMY BENTLEY ILLESCAS, MD

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, authorize Total Care 280 to release my medical records to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**\*\* All fields must be completed for medical records to be released\*\***

TOTAL CARE 280  
A Division of  
SOUTHERN CARE INTERNAL MEDICINE, P.C.