



# TOTAL CARE 280

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AL 35242

(205)547-2323

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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.