



**MEDICAL RECORDS RELEASE**

3501 Soncy Road Suite 102. Amarillo, Texas 79119  
(806)353-7900 Off. • (806)353-8321 Fax  
**Dr. Taghreed Maaytah, F.A.A.P.**

Date Requested: \_\_\_\_\_

**To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I Authorize the release of medical Records to :**

**TLC Pediatrics of Amarillo  
3501 Soncy Road Suite 102  
Amarillo, Texas 79119  
ATTENTION: Dr. Maaytah**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient/ Parent/ Legal Guardian Signature: \_\_\_\_\_  
(Patient if over 18 years old)

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_