



TLC PEDIATRICS L.L.C. AND ASSOCIATES  
4315 Northview Drive  
Bowie, MD 20716

**MEDICAL RECORDS RELEASE**

To Whom It May Concern:

I \_\_\_\_\_ give permission to TLC Pediatrics to release my  
child \_\_\_\_\_ medical record.

The child's date of birth is \_\_\_\_\_.

Thank you for your prompt attention to this request.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date