



TAYLOR LISTENING CENTER

— TLC FOR YOUR EARS —

RECORDS RELEASE FORM

DATE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

From: _____

I hereby request my medical records be released to:

Taylor Listening Center
1777 Reisterstown Rd
Suite 118A
Baltimore, MD 21208
Fax: 443-544-7552

Patient Signature: _____