



**Therapy
Solutions
For
Children
Inc.**

Rita Patterson OTR/L & Associates
836 Ritchie Hwy, Suite 6
Severna Park, Maryland 21146
410-421-8920 / Fax 410-421-8923

CONSENT FORM

I, _____ give permission to Rita Patterson, OTR/L, subcontractors, and associates to speak with the following professionals regarding my son/daughter.

Patient's Name

Date of Birth

Signature of Parent or Legal Guardian

Date

Name	Telephone Number

MEDICAL RECORDS RELEASE

I _____ hereby allow TSFC, Inc. to release records for my child _____ to:

Signature: _____

Witness: _____

Date: _____

I _____ give TSFC, Inc. permission to request secure medical records for my child _____ from the following:

_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature: _____

Witness: _____

Date: _____