

*Dr. Sarah Gordon  
Dr. Timothy Ansley*

**Inverness Eye Care, P.C.**

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*Adult/Pediatric Eye Care  
Diseases of the Eye  
Laser Consultation  
Contact Lens Care*

**RECORD RELEASE AUTHORIZATION**

Date of Request: \_\_\_\_\_

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Permission is hereby given to release all medical information contained in the record of  
\_\_\_\_\_ to Inverness Eye Care, P.C.

Patient or Guardian Signature: \_\_\_\_\_

**PATIENT INFORMATION**

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

\_\_\_\_\_  
(First) (Middle) (Last Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Requesting Physicians: Sarah Gordon, O.D., Timothy Ansley, O.D.  
FAX 205-991-3177  
E-Mail iec1986@invernesseyecare.com

Requested Information:

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

Sent By: \_\_\_\_\_

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