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

RECORD RELEASE AUTHORIZATION

DATE: _____

Permission is hereby given to release all medical information contained in the record of _____

Patient or Guardian Signature: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Additional Family Members: _____

Send to the attention of Alabama Eye Partners, LLC dba Inverness Eye Care via fax 205-991-3177 or mail to 252 Inverness Center Drive, Birmingham, AL 35242

Thank you

Requested Information: