HOLLAND EYE
SURGERY & LASER CENTER

Eric D. Snyder, M.D.
Benjamin D. Currie, M.D.
Matthew S. Currie, M.D.

Tara M. Oosterbaan, O.D.
Rosanne M. Pruis, O.D.
Kelly M. James, O.D.

Release of Medical Records To Holland Eye Surgery & Laser Center

To: _____

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Please send my medical records to:

Holland Eye Surgery & Laser Center
999 Washington Avenue
Holland, MI 49423
Phone: (616) 396-2316
Fax: (616) 396-0085

Attention:

□ Eric D. Snyder, M.D
□ Benjamin D. Currie, MD
□ Matthew S. Currie, MD
□ Tara M. Oosterbaan, OD
□ Rosanne M. Pruis, OD
□ Kelly M. James, OD

Patient Name:_____ Date of Birth: _____
please print

Address at time of last exam: _____

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_____ _____
Patient Signature ***Witness***

_____
Date
