Holland Eye Surgery & Laser Center ● 999 Washington Ave ● Holland, MI 49423

Name: Mr. Mrs. Miss Ms F	First		ddle	La	ast
Mailing Address:					
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City:		State	9:	Zip:	
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olland Eye Surgery & Laser Ce ealthcare operations.	nter may use and disclose	Protected Hea	alth Information abou	ut me to carry out treat	ment, payment
have the right to review the Not	ice of Privacy Practices pri	or to signing th	nis consent.		
understand Holland Eye Surger ayment or healthcare operation our home. E-mail may be sent	s. Holland Eye Surgery and	Laser Center			
Signature				 Date	