



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: _____

Please send my medical records to Holland Eye Surgery & Laser Center
999 S. Washington Avenue
Holland, Michigan 49423
Phone: (616) 396-2316

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

****NOTE:** Records may be FAXED to (616) 396-0085**

Patient Name: _____ Date of Birth: _____
please print

Address at time of last exam: _____

Patient Signature

Witness

Date
