



HOLLAND EYE SURGERY & LASER CENTER

Eric D. Snyder, M.D.
Benjamin D. 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
- 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
