



# HOLLAND EYE SURGERY & LASER CENTER

## Release of Medical Records From Holland Eye Surgery & Laser Center

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*please print*

Please release my medical records to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Doctor Seen at Holland Eye Surgery & Laser Center:
- John H. Arendshorst, MD
  - Eric D. Snyder, MD
  - Benjamin D. Currie, MD
  - Rosanne M. Pruis, OD
  - Tara M. Oosterbaan, OD

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

Date records sent: \_\_\_\_\_ Signature: \_\_\_\_\_

**999 S. Washington • Holland, MI 49423 • 616-396-2316**