



# HOLLAND EYE SURGERY & LASER CENTER

John H. Arendshorst, M.D.  
Eric D. Snyder, M.D.  
Benjamin D. Currie, M.D.

Tara M. Oosterbaan, O.D.  
Rosanne M. Pruis, 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:       John H. Arendshorst, MD  
                          Eric D. Snyder, MD  
                          Benjamin D. Currie, MD  
                          Tara M. Oosterbaan, OD  
                          Rosanne M. Pruis, OD

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

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

Address at time of last exam: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Patient Signature*

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*Witness*

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*Date*

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