

**EYECARE ASSOCIATES OF DEWITT**  
**Dr. Thomas Doyle, O.D.**  
**13151 Schavey Road**  
**DeWitt, MI 48820**  
**(517) 669-2945**  
**(517) 669-9797 FAX**

RECORDS TRANSFER

I, \_\_\_\_\_, am requesting that all my Medical  
Records (including treatment history and health history) be sent to

Dr. Thomas Doyle, O.D.  
At:  
EyeCare Associates of DeWitt  
13151 Schavey Road  
DeWitt, MI 48820

Please forward the records of these additional family members listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_