



Tina M. Reeves, OD

17 State Street • Rochester, NY 14614

Voice: 585 • 797 • 0601

Fax: 585 • 340 • 7950

RochesterEyeDoc@gmail.com

December 6, 2023

Friends,

I hope that this letter finds you well. I am writing with mixed emotions to inform you that after 27 years, I will be closing my office this month. I apologize for the short notice. I would have preferred to tell each of you in person. Please know that your trust and support of the practice has meant the world to me.

As always, your health, eye health and vision are of the utmost importance to me. I want to ensure a smooth transition for your ongoing care. To that end, I have arranged for sale to a near-by doctor.

My practice will become a part of Lakeview Eye Care with Dr Chad Lehtonen, OD. I highly recommend that you continue your eye care with him. He is a wonderful doctor who provides excellent care for his patients. A letter of introduction from Dr Lehtonen is included.

Should you prefer that your records be sent to another doctor of your choice, a record release request is included. This can be returned to my office until Dec 27 or sent to Dr Lehtonen's office after that date.

Additional Support and Assistance:

You may have eyeglasses or contact lenses at my office which you would like to collect before December 27. Please feel free to reach out to us at our office phone: 585.797.0601. If we are not in the office, please leave a message and we will return your call. A time for you to pick up your glasses or contact lenses will be scheduled for you.

If you have any urgent ocular health needs, please contact Dr. Lehtonen's office immediately so you can be assisted accordingly.

Thank you again for your trust and confidence. It has been an honor to be your eye doctor.

Dr. Tina

Tina M Reeves, OD



lakevieweyecare.com



Dr. Chad Lehtonen , OD

1 Lakeview Park Rochester, NY, 14613

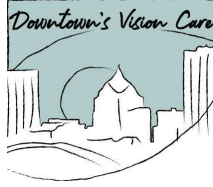
(585) 458-2020 e-mail: lakevieweyecare2020@gmail.com

Hello,

I'd like to introduce myself. My name is Dr. Chad Lehtonen and I am looking forward to being able to get the chance to meet you. I would like to extend to you the same exemplary and exceptional care that Dr. Reeves has provided you for all of the past years. We both practice with the same mindset, putting our patient's needs and concerns above all else. Lakeview Eyecare is centrally located, less than 3 miles from Dr. Reeves' practice. I hope to see you soon. - **Dr Chad**

A bit about Dr. Chad Lehtonen, owner and operator of Lakeview Eye Care. He has been practicing Optometry at Lakeview Eye Care since 2002. He is a native of Kitchener in Ontario, Canada, and attended the University of Waterloo. There, he received a Bachelor's of Science with Honors in Biology and began work on his Master's Degree in Vision Science. Dr. Lehtonen was then recruited by the prestigious New England College of Optometry in Boston, Massachusetts, where he obtained his Doctor of Optometry and was Salutatorian. He completed Optometry internships at the Veteran's Administration in Manchester, New Hampshire, and Portland, Oregon. He has also completed clinics within the Greater Boston area. Dr. Lehtonen specializes in ocular diseases and pediatric care.

In addition, he speaks fluent French and is an avid hockey player. He played Varsity hockey during his university years; his team won the CIAU Ontario Championship and qualified as Canadian Finalist. Dr. Lehtonen resides in Pittsford, New York and currently plays hockey for local men's leagues in his free time. He enjoys spending time with his wife, Yuan, and his children, Zoe, Tia, and Jimmy.



*Tina M. Reeves, OD
17 State Street
Rochester, NY 14614
V: 585-797-0601 F: 585-340-7950*

REQUEST FOR RELEASE OF RECORDS

Patient's Name: _____

Patient's Date of Birth: _____

I hereby authorize the release of my Records from Downtown's Vision Care / Lakeview Eye Care to:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

The information being requested is privileged and confidential. It is intended for the individual or entity designated. I am hereby notified that dissemination, distribution, copying, or other use of this information by anyone other than the recipient designated is unauthorized and strictly prohibited.

Patient (or legal guardian) Signature Date