

Pediatrics
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PEDIATRICS AND INTERNAL MEDICINE

Internal Medicine
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Form Cover Sheet

To: Dr. Hackett/Ginsburg's Office

From: _____

Patient name: _____ DOB: _____

Number of pages: _____ including cover sheet

All completed forms and immunization records can be printed from the patient's Athenahealth portal account. Allow 4-6 days for completion. If you prefer to have them faxed or mailed, please provide one of the following:

Designated Fax number: _____ Attn: _____

Or

Complete Mailing address: Name: _____

Street/Apt#: _____

City/State/Zip: _____

Comments/Instructions: _____

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