



*KidsCare  
Pediatric*

M E D I C I N E , P . C .

Boris Lustik, M.D.  
Anna Schwartz, M.D.  
Amy Leonard, M.D.

Phone: **631-698-0600**  
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# *Patient Letter*

RE: \_\_\_\_\_

Dear: \_\_\_\_\_

The above named patient(s) is now under my care. Kindly forward to my office a complete copy of their records, including immunizations, as soon as possible.

The authorization signed by the parent is at the bottom of this letter.

Very truly yours,

Dr. Boris Lustik  
Dr. Anna Schwartz  
Dr. Amy Leonard

I do hereby authorize Dr. \_\_\_\_\_ to release the records of the above named patient(s) to the address below.

Signature of Parent: \_\_\_\_\_



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