

Gomathi Pediatrics PLLC

67 North Main Street, 2nd Floor

New City, New York 10956

Tel: 845-634-8911

Fax: 845-634-9002



Please sign and complete this form to inform Gomathi Pediatrics PLLC that you have received medical record for

Patient's name

Patient's Date of Birth

Print Name: _____

Signature: _____

Date: _____

Your Association