



Fern E. Cytryn, D.D.S., FAAPD
Diplomate
American Board of Pediatric Dentistry
Pediatric and Adolescent Dentistry
of Rockland County, P.C.

Record Transfer

To: _____

Re: **Patient:** _____ **DOB:** _____ **M/F**

Patient: _____ **DOB:** _____ **M/F**

Parent: _____

Print Name

Signature

Date

Please forward my child/children's dental records to:
Pediatric And Adolescent Dentistry Of Rockland County, P.C.
16 Squadron Blvd Suite 101
New City, NY 10956

Thank you.