

Stamford Pediatric Associates, P.C.

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Dear Parent:

It is our pleasure and honor to care for your family. We are proud of the practice and are pleased you have selected us.

We are grateful for the many referrals we receive. Please let us know how you were referred to us.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Doctor: \_\_\_\_\_

- ☐ Specifically wanted to see Doctor
- ☐ Willing to see anyone/first available

HOW WERE YOU REFERRED TO OUR PRACTICE

Friend \_\_\_\_\_

1-800-DOCTORS through Stamford Hospital

Gynecologist \_\_\_\_\_

Stamford Pediatrics Website

Insurance Carrier Listing

Other \_\_\_\_\_

Seen other Advertisement (if so where) \_\_\_\_\_