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607 798-1987 [www.saccoeyegroup.com](http://www.saccoeyegroup.com)

DATE:

TIME:

TO:

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We are currently treating the following patient in our office.

\_\_\_\_\_ Please forward all pertinent medical records

\_\_\_\_\_ Please forward most recent visit

\_\_\_\_\_ *The patient is in our office, please fax to 607 729-8277*

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

DOB: \_\_\_\_\_

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Signature of Patient

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Signature of Parent or Guardian

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Witness

