Children’s and Women’s Physicians of Westchester, L.L.P.

NEONATAL FOLLOW-UP PROGRAM

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M_____________________________________________________

HAS AN APPOINTMENT ON

☐ MON.   ☐ TUE.   ☐ WED.   ☐ THUR.   ☐ FRI.

DATE_________________________________________AT_____________________________P.M.

NEONATAL FOLLOW-UP PROGRAM

IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HRS. NOTICE