



KIDS CARE PEDIATRIC ASSOCIATES, PC

Stuart Feinstein, MD, FAAP
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Lynn Smith, PNP

Stephanie Naguit, DO, FAAP
Grace Luk, MD
Cynthia Hyacinthe, PNP

Date:

Name:

DOB:

To whom it may concern,

_____ had a PPD Mantoux Test on _____.
(The PPD is to be read in two to three days the above date. Please fax results to 516-775-0424.

- The PPD was negative on _____.
- The PPD was positive with a reading of _____ mm by _____ mm.

Read by: _____

Signature / Date / Lic#

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