



Infants, Children & Adolescents

*Diplomates of the
American Board of Pediatrics*

www.childrensmedgroup.com

LOCATIONS:

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FISHKILL

HOPEWELL JUNCTION

HYDE PARK

MODENA

NEWBURGH

RHINEBECK

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- Herschel R. Lessin, M.D.
- David L. Fenner, M.D.
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- Fe Aplasca, M.D.
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- Arlene Solomon, M.D.
- James Sulzer, M.D.
- Jenny Sung, M.D.
- Michelle Patrick, PNP

Joseph F. Heavey
CEO

Dear Parents:

We are pleased to announce the opening of our **BRAND NEW, Pawling office at 551 Route 22 (this is the former Telecom building)**; across the street from the Pawling Animal Clinic, and just beyond the Peale Center and Mizzen-top Day School.

We'll begin seeing patients on **Monday, October 5, 2009—call now!**

The **Pawling** location will be far more accessible and convenient to those of you who live in Southern and Eastern Dutchess County. Physicians familiar to you will staff this new office, and a schedule for appointments will be available starting September 1st—book early! The office will be open 5 days per week from 9 am to 5 p.m. This office is a full service site, with your charts and medical records kept on site, if you designate **Pawling** as your primary office.

The **Pawling** office allows **The Children's Medical Group** to continue to provide you with the highest quality Pediatric care in the region, in a quiet and unhurried setting. We hope that you will find this new, and additional office, reduces your travel time for Pediatric care for your children. As always, even if you transfer your chart to the new location, you can utilize any of our offices as you so choose. If you would like to transfer your children's medical records to the **Pawling** office, please complete and return the form below, visit www.childrensmedgroup.com or call us to let us know your wishes.

You can transfer records or make appointments by calling **845.452.1700** or **online at www.childrensmedgroup.com**.

As our practice expands, we hope the services offered at this new location will continue to meet the healthcare needs of your children.

We look forward to serving you in this fantastic new location!

PLEASE TRANSFER MY CHILDREN'S MEDICAL RECORDS TO THE Pawling OFFICE:

Children's Names and Birth Dates

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Signature of Parent _____