

PEDIATRIC AFFILIATES, P.A.
SPECIALIZING IN INFANTS, CHILDREN, & ADOLESCENT MEDICINE

Robert A. Shanik, M.D. F.A.A.P.

Ira Haimowitz, D.O. F.A.A.P.

ADDRESS VERIFICATION

Date: _____

Patients: _____

To Whom It May Concern:

This letter is to verify that the patients named above reside with their parents at the following address,

Parent's Name: _____

Address: _____

throughout the tax year: _____ .

If you need further information please call our office.

Sincerely,
Pediatric Affiliates, P.A.