



KIDS CARE PEDIATRIC ASSOCIATES, PC

Stuart Feinstein, MD, FAAP
Sharon Perlman, DO
Kathleen DeVarso, CPNP

Warren Silberstein, MD, FAAP
Grace Luk, MD, FAAP
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#

