



... caring for infants, children & adolescents

Evan R. Hack, MD  
Frank Fanella Jr., MD  
Matthew G. Abel, MD  
Kristi F. Beck, MD  
Stephanie T. Tiso, MD  
Betsy Meyer, PA-C  
Karla Sansone, PA-C

120 Park Lane Rd.  
Suite A-101  
New Milford, CT 06776  
860-355-8190  
Fax: 860-355-3856

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I, \_\_\_\_\_, authorize Candlewood Valley Pediatrics to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

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