

Four Seasons Pediatrics

532 Moe Road
Clifton Park, NY 12065
Phone: (518)383-2425
Fax: (518) 383-3255



June 24, 2024

Dear Parent:

When parents request to transfer from a local pediatrician, we do request a little more information. This helps us understand what the need is and whether we can serve those needs in the best interest of the child and the family.

What is the primary reason you wish to establish with our practice?

Any other reasons for leaving your current practice that we should be aware of?

We follow a schedule to vaccinate children according to the Vaccine Schedule found on our website. Would you commit to this schedule? (note: we do not require HPV, Influenza or COVID vaccines)

Parent Name: _____

Contact Phone: _____

Please do one of the following:

- mail to the address above
- fax to (518)383-3255
- call our staff to get a secure email to send it to

Sincerely,

Four Seasons Pediatrics, LLC