

**MARK P. FABER, M.D.**  
**BOARD CERTIFIED**  
**CHILD AND ADULT PSYCHIATRY**

May 1, 2015

TO: Child Study Teams/Office of Special Services

RE: Fees/Psychiatric Evaluation Referrals

Fees for the **2015-2016** school year will remain at **\$550**.

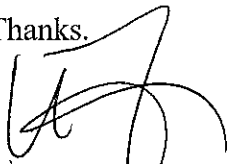
Your office will receive a report **one week** from the date of the appointment.

To schedule, please have parents **call me directly** at **973-746-6711**.

At the time of the referral, please **fax me** at **973-226-3130** a brief summary stating the reason for the referral.

It is my pleasure to assist you.

Thanks.



Mark P. Faber, M.D.  
Pediatric Psychiatry Consultant to Child Study Teams

MPF/cmc