

**PHYSICIANS/THERAPISTS/DENTISTS**  
(or other professionals involved in child's care)

NAME	SPECIALTY	ADDRESS	PHONE NUMBER	DATES CARE BEGAN & ENDED

**TIP:** Fill out this form and take it with you to visits with physicians and other specialists working with your child. (Be sure to include pediatrician or family doctor.) You can ask that reports be sent to the persons listed on this form. This will save you time and effort when you are asked who will need copies of reports.