

.....

# Medical / Dental Community Health Care Providers

---

• Primary / Community Care Provider: \_\_\_\_\_  
Office Nurse: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

• Community Hospital: \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

• Community Specialty Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

• Community Specialty Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

• Dentist / Orthodontist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

---