

YOUR SUPPORT TEAM – QUICK REFERENCE

DOCTORS	
GENERAL PRACTITIONER	
Name:	Address:
Phone:	Email:
EAR NOSE AND THROAT SPECIALIST	
Name:	Address:
Phone:	Email:
PAEDIATRICIAN	
Name:	Address:
Phone:	Email:
GENETICIST	
Name:	Address:
Phone:	Email:
OPHTHALMOLOGIST	
Name:	Address:
Phone:	Email:
CARDIOLOGIST	
Name:	Address:
Phone:	Email:
NEPHROLOGIST	
Name:	Address:
Phone:	Email:

HEALTHCARE PROFESSIONALS	
AUDIOLOGIST	
Name:	Address:
Phone:	Email:
SPEECH PATHOLOGIST	
Name:	Address:
Phone:	Email:
SOCIAL WORKER	
Name:	Address:
Phone:	Email:

EARLY INTERVENTION PROFESSIONALS	
TEACHER OF THE DEAF	
Name:	Address:
Phone:	Email:
EARLY CHILDHOOD TEACHER	
Name:	Address:
Phone:	Email:
AUDITORY-VERBAL THERAPIST	
Name:	Address:
Phone:	Email:
Name:	Address:
Phone:	Email: