1. Audiologist knowledgeable in pediatric screening and amplification
- Name:
- Telephone number:
- Fax:
- Date of referral:

2. Otolaryngologist knowledgeable in pediatric hearing loss
- Name:
- Telephone number:
- Fax:
- Date of referral:

3. Local early intervention service coordinator
- Name:
- Telephone number:
- Fax:
- Date of referral:

4. Family support resources, financial resources
- Name:
- Telephone number:
- Fax:
- Date of referral:

5. Speech/language therapist and/or aural rehabilitation therapist knowledgeable in pediatric hearing loss
- Name:
- Telephone number:
- Fax:
- Date of referral:

6. Sign language classes if parents choose manual approach
- Name:
- Telephone number:
- Fax:
- Date of referral:

7. Ophthalmologist knowledgeable in co-morbid conditions in children with hearing loss
- Name:
- Telephone number:
- Fax:
- Date of referral:

8. Clinical geneticist knowledgeable in hearing loss
- Name:
- Telephone number:
- Fax:
- Date of referral:

9. Equipment vendor(s)
- Name:
- Telephone number:
- Fax:
- Date of referral:

10. State EHDI Coordinator
- http://www.infanthearing.org/status/cnhs.html
- Name:
- Telephone number:
- Fax:
- Date of referral:

11. AAP Chapter Champion
- www.medicalhomeinfo.org/screening/hearing.html
- Name:
- Telephone number:
- Fax:
- Date of referral:

12. Family physician(s)
- Name:
- Telephone number:
- Fax:
- Date of referral:

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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