



## CONTACT INFORMATION FOR THE DBA MEDICAL TEAM

Because you may need to see many different medical providers, it will be important for you to keep track of who you see and how often you need to see them. For each member of your medical team, write in their contact information or attach their business card below. Keeping an updated record of your medical team's information will help your medical team work together to keep track of how you are doing.

Some of these providers you may only see one time and other providers you may visit more frequently.

Patient Information			
<b>Patient Name:</b>			
<b>Address:</b>			
<b>Address 2:</b>			
<b>City, State, Zip:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>	
<b>Primary Insurance Holder Name:</b>			
<b>Primary Insurance Co. Name:</b>		<b>Primary Insurance Policy#</b>	
<b>Secondary Insurance Co. Name:</b>		<b>Secondary Insurance Policy#</b>	

Primary Care Provider			
<b>Name:</b>			
<b>Address:</b>			
<b>Address2:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Notes:</b>			

Hematologist			
<b>Name:</b>			
<b>Address:</b>			
<b>Address2:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Notes:</b>			



## CONTACT INFORMATION FOR THE DBA MEDICAL TEAM (CONT.)

Endocrinologist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Cardiologist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Nephrologist or Urologist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Ophthalmologist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			



## CONTACT INFORMATION FOR THE DBA MEDICAL TEAM (CONT.)

Audiologist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Dentist			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			



## CONTACT INFORMATION FOR THE DBA MEDICAL TEAM (CONT.)

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			

Other			
Name:			
Address:			
Address2:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Notes:			