# HEALTH AND SPECIALTY PROVIDERS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CSHS

SFN 1727 (06-2005)

Clear Fields

| Client's Name: | | Date: |
|---|---|---|
| **PROVIDERS NAME** | **ADDRESS** | **TELEPHONE NUMBER** |
| **MEDICAL** | | |
| Primary Care Physician/Medical Home: | | |
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| Medical Specialists: | | |
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| **DENTAL/ORTHODONTIC SPECIALISTS** | | |
| Dentist: | | |
| Orthodontist: | | |
| **ANCILLARY HEALTH SPECIALISTS** (OT, PT, Speech, Public Health, Home Health, etc.) | | |
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| **DEVELOPMENTAL PROVIDERS** (Age 0-2) | | |
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| **EDUCATIONAL PROVIDERS** (Age 3-20) | | |
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| **VOCATIONAL REHABILITATION PROVIDERS** (Age 14 and above) | | |
| | | |
| Other: | | |
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