

**CLINIC RESPONSE CARD**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SPECIAL HEALTH SERVICES UNIT

SFN 1181 (8-2023)

Name of Child			
<input type="checkbox"/> I will attend the cleft lip/palate clinic <input type="checkbox"/> I will not attend the cleft lip/palate clinic <input type="checkbox"/> Please discharge my child			
If you cannot attend, when would you like to be rescheduled for a future clinic?			
Home Telephone Number		Work Telephone Number	
Current Address		City	State ZIP Code
Email Address			
Parent/Guardian Signature			Date

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