

's Service Providers

<p align="center">Primary Physician</p> <p>Name: Clinic: Address: Phone/Fax:</p>	<p align="center">In Patient Stay(s):</p> <p>Dates: Location: Phone/Fax:</p> <p>Dates: Location: Phone/Fax:</p>
<p align="center">Dentist</p> <p>Name: Office Name: Address: Phone/Fax:</p>	
<p align="center">Psychiatrist</p> <p>Name: Office Name: Address: Phone/Fax:</p>	<p align="center">Day Treatment:</p> <p>Dates: Facility Name: Contact Person: Address: Phone/Fax:</p>
<p align="center">Therapist</p> <p>Name: Office Name: Address: Phone/Fax:</p>	
<p align="center">County Case Manager</p> <p>Name: Address: Phone/Fax:</p>	<p align="center">School</p> <p>School Name: Address: Phone/Fax:</p>
<p align="center">Diagnoses:</p>	<p align="center">Most Recent Evaluation</p> <p>Location: Address: Phone/Fax:</p>
<p align="center">Insurance Information</p> <p>Name: ID Number: Policy/Group Number: Phone/Fax:</p>	<p align="center">Secondary Insurance Information</p> <p>Name: ID Number: Policy/Group Number: Phone/Fax:</p>
<p>Other:</p>	