

WORKSHEET 4 HEALTHCARE TEAM CONTACT LIST

The healthcare team may include many different doctors, nurses, and specialists. Collect business cards from all members of the healthcare team. Keep all of the important contact information in one easy-to-find place.

Primary Care Provider/Pediatrician:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Pharmacy:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Hematologist/Oncologist:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Nurse:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Radiation Oncologist:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Child-Life Specialist:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Hospital:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

After-Hours/Emergency Contact:

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| Name: | |
| Phone: | |
| Phone: | |
| Fax: | |
| Email: | |
| Address: | |

Others:

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| Name: | |
| Phone: | |
| Phone: | |
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| Email: | |
| Address: | |

Others:

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| Name: | |
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Others:

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