

Date: _____

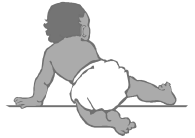
Dr. _____

Baby Name: _____

Baby DOB: _____

Baby _____ was discharged without receiving a hearing screening. The screening will need to be completed on an outpatient basis. Please encourage the family to call _____ to make an appointment. If you have any questions, please feel free to contact us.

-Thank You-



我需要一次听力测试!

您的孩子出院前未经听力损失筛查。良好的听力对您的孩子学习说话和语言很重要。有太多的时候，直到孩子已经出现了言语和语言发展迟缓时才发现孩子有听力损失，这就是为什么您的孩子现在就需要做听力测试的原因。

您的孩子预约在（时间）_____（地点）_____做听力筛查。

