

Date: _____

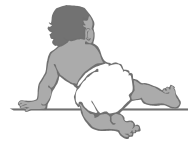
Dr. _____

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 **(your UNHS program contact info)** to make an appointment. If you have any questions, please feel free to contact us.

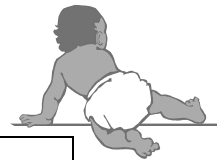
-Thank You-



I NEED A HEARING TEST!

Your baby was discharged before being screened for hearing loss. Good hearing is important for your child to learn speech and language. Too often, hearing loss is not found until a child already has a speech or language delay, which is why your baby should have a hearing test now.

Please call **(your hospital's UNHS program contact info)** to make an appointment for the hearing screening.



**Your hospital's name, logo
and address here**