

Date: _____

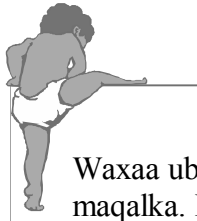
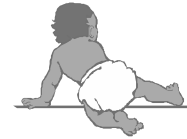
Dr. _____

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-



WAXAA U BAAHAN TAHAY IMTIXAANKA MAQALKA!

Waxaa ubadkaada la siidaayey ka hor asigoo laga firin lumidaanka maqalka. Maqalka fiican wuxuu muhim u yahay ubadkaada barashada hadalka iyo luqadda. Kala daahaadaga ayaa u sabab ah in hadda laga imtixaano maqalka.

Fadlan soo wac **(your hospital's UNHS program contact info)** si laguugu sameeyo balanka baarista maqalka dhagaha.



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