

Date: _____

Dr. _____



Baby Name: _____

Baby DOB: _____

Baby _____ needs a second hearing screening after the initial screening using BAER/EOAE testing. The right and/or left ear needs to be re-screened. Please inquire the next time you see the family if they have returned for a follow-up screening or have an appointment for one. If not, please encourage them to call us at _____ to schedule an appointment.

-Thank You-



提请注意...



您的孩子需要在 30 天内回来做跟进听力筛查。

您孩子的预约订于（时间） _____

（地点） _____