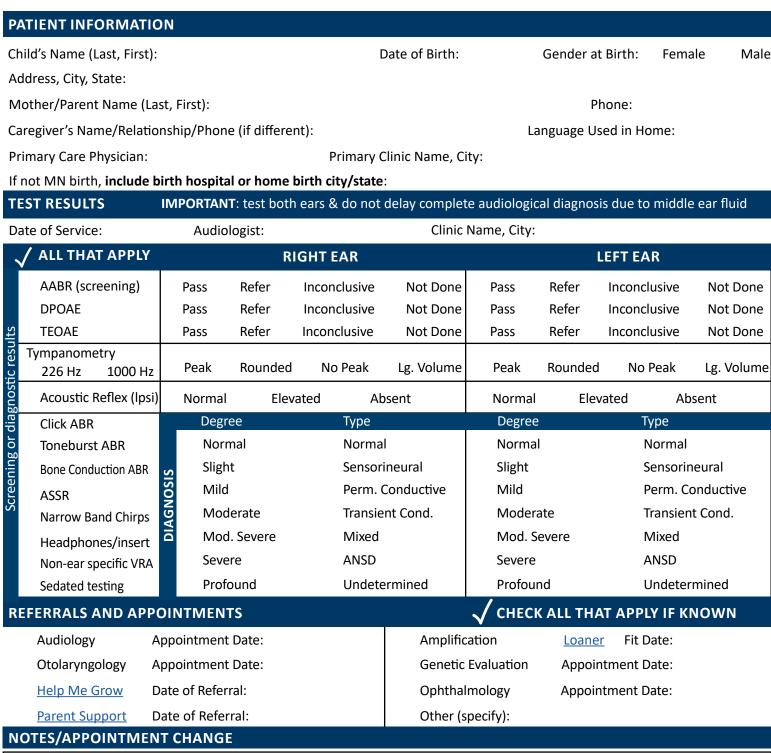
## DEPARTMENT OF HEALTH NEWBORN HEARING SCREENING AUDIOLOGY FOLLOW-UP REPORT FORM



FAX COMPLETED FORM AND COPY OF VISIT SUMMARY TO 651-215-6285