

PCP Referral from Child Outreach

Dear Primary Care Provider,

You are receiving this letter because your patient did not pass the Child Outreach vision and/or hearing screen and is being referred to you for follow-up.

The parents have been informed of this information and were encouraged to contact your office.

The complete Child Outreach Screening results are attached. Any additional recommendations can be viewed in KIDSNET .

Additional Comments:

Please do not hesitate to contact me if you have questions or concerns.

Sincerely,

Child Outreach Coordinator

Child Outreach Address: _____

Child Outreach Phone: _____

Child Outreach Email: _____



RI Child Outreach Screening

