



Kettering Physician Network Care Team Providers

Name _____ Date of birth _____

To coordinate your care appropriately, please list your other healthcare providers (specialists, optometrist, podiatrist, durable medical supplier, etc.) who regularly participate in your care.

Other healthcare providers

Provider name _____

Specialty _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Provider name _____

Specialty _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Provider name _____

Specialty _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Provider name _____

Specialty _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Provider name _____

Specialty _____ Phone _____

Address _____

City _____ State _____ Zip code _____