

## Care Team Contact Information

UW Medical Center and Clinics believes good communication is essential for good care. Please provide a list of addresses, telephone and fax numbers for all providers, counselors, claims managers, and lawyers that you are seeing currently, or have seen in the past year related to your health. Please place an asterisk (\*) next to the providers whom you wish to receive a copy of your initial consultation letter.

**NAME:** \_\_\_\_\_

SPECIALTY/ROLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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SPECIALTY/ROLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLACE PATIENT LABEL HERE

**UW Medicine**  
Harborview Medical Center – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians Seattle, Washington

### CARE TEAM CONTACT INFORMATION

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