KANIKSU
COMMUNITY HEALTH

Pediatrics
Sandpoint Clinic - 208.265.2242
kchnorthidaho.org

Patient Name: _____ Date: _____

Your care team: _____

Your referral information from today's appointment: _____

If you haven't heard from the referred clinic within 14 days, please reach out to your referral coordinator: 208.263.7101.

Upcoming appointment information. Please schedule the following:

☐ Well Child Check, date: _____ ☐ Approved for Telehealth

☐ Dental exam

☐ **Follow-up:** ☐ 1 week ☐ 1 month ☐ 3 months ☐ 6 months

Time: ☐ 15 min. ☐ 30 min.

☐ other: _____

☐ Follow-up as needed ☐ Nurse visit: _____

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