Shwachman-Diamond
Syndrome Foundation
Support...Research...Cure

SDS Medical Team Contact Info

Primary Care Provider

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Hematologist

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Gastroenterology

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

SDS Medical Team Contact Info

Endocrinology

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Dental / Oral Surgery

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Allergy / Immunology

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

SDS Medical Team Contact Info

Cardiology

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Neurology

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Nutrition

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

SDS Medical Team Contact Info

Therapy

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Therapy

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Other: _____

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Shwachman-Diamond Syndrome Foundation
Support...Research...Cure

SDS Medical Team Contact Info

Other: _____

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Other: _____

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	

Other: _____

Doctor Name:	
Address:	
Address 2:	
City, State, Zip:	
Phone:	Fax:
Email:	
Nurse Contact Info:	
Notes:	