



Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

Dear Parent/Guardian of: _____

Recently you submitted a copy of your child's health record. Review of the record indicates that your child has an area/areas of concern noted in the vision and/or hearing section completed by your physician. We encourage you to contact your child's physician for further information and evaluation.

If you need further assistance or have any questions, please call:

Client Services Counselor: _____

Telephone: _____

Extension: _____

ELCNC-294 Rev. 1 8/28/09

Chiefland Office
212 N. Main Street
Chiefland, FL 32626
Phone: 352-490-5855
Fax: 352-490-6762

Crystal River Office
1560 N. Meadowcrest Blvd.
Crystal River, FL 34429
Phone: 352-563-9939
Fax: 352-563-5933

Sumter Office
114 N. Jumper Drive
Bushnell, FL 33513
Phone: 352-793-5430
Fax: 352-793-6230



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