

# IMPORTANT CONTACT INFORMATION

**HOSPITAL/BIRTH CENTER:** \_\_\_\_\_

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

**PHONE #:** \_\_\_\_\_

**OB/MIDWIFE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**DOULA:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**OTHER BIRTH ATTENDANTS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**BIRTH PHOTOGRAPHER:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PLACENTA SPECIALIST:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PEDIATRICIAN:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**BABYSITTER:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**HOUSE SITTER:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_