

# *Important Contacts*

<b>Doctor</b>	<b>Address</b>	<b>Phone Number</b>	<b>Specialty</b>

<b>Other Contacts</b>	<b>Address</b>	<b>Phone Number</b>	<b>Specialty</b>
<b>CHF Clinic Nurse</b>			
<b>Respiratory or Oxygen Therapist</b>			
<b>Cardiac Rehabilitation</b>			
<b>Laboratory</b>			
<b>Pharmacy</b>			
<b>Medical Equipment</b>			
<b>Dietitian</b>			