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Name of Infant(s) – Please Print Full Name(s):
__________________________________________
__________________________________________

Birth Date of Infant(s): _________________________________________________________________

Signature of Parent or Guardian: ________________________________________________________

Your Relationship to the Infant(s): ______________________________________________________

Your E-mail Address: ________________________________________________________________

Address: __________________________________________________________________________

City: ___________________ State: _____________ Zip: _________________

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City: ___________________ State: _____________ Zip: _________________

Signature of Photographer: ______________________________________________________________

Please share a brief history of the NICU stay including gestational age at birth, birth weight, medical conditions, current status of the infant, and any other information you may wish to include – use additional paper if necessary or e-mail the information to Diana Osborne at dosborne@springerpub.com:

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