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**Re: PRISMS, Inc. (Parents and Researchers Interested in Smith-Magenis Syndrome),
Medical Practitioner Referral Database**

Dear Medical Practitioners and Patients,

Finding appropriate care is often a daunting task for individuals with Smith-Magenis Syndrome (SMS). To assist with this, PRISMS, Inc, is creating a database for medical practitioner referrals. It will include a wide range of experienced physicians and therapists who treat children and adults, including but not limited to: speech/language pathologists, behavioral therapists, physical therapists, pediatricians, ENT specialists, neurologists, etc.

This database is part of the PRISMS website, www.prisms.org. It will be searchable by medical specialty and geographic location to maximize usefulness to both patients and medical practitioners. Please note that this database is a stand-alone item. Volunteers and employees of PRISMS will not endorse any included medical practitioners over others. Medical practitioners may request to be removed from the list at any time, and PRISMS will comply as quickly as possible. If you would like to nominate a medical practitioner for inclusion in the PRISMS referral database, please complete the "Source of Nomination" portion of the attached form and forward it to the practitioner you would like added.

If you would like to nominate yourself for inclusion in the database or if you have been nominated by a parent/caregiver of an SMS patient or medical colleague, please complete the nomination form and return it together with your CV by email to info@prisms.org with subject line "PRISMS Medical Database."

All nominations are subject to review by the Professional Advisory Board of PRISMS, Chaired by Dr. Sarah Elsea, Baylor College of Medicine. PRISMS will notify nominees by letter when the review is complete. The organization will work with medical practitioners approved by PRISMS to add their publications to PRISMS website. To assist in building the community of caregivers Smith-Magenis Syndrome patients, PRISMS will periodically send professional education materials to all medical practitioners who are included in the database.

Thank you for all that you do on behalf of individuals with Smith-Magenis Syndrome and their families.

Sincerely,

PRISMS Board of Directors

info@prisms.org



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**Medical Practitioner Nomination Form for PRISMS, Inc.
Medical Practitioner Referral Database**

1. If you are a parent/caregiver of an individual with SMS or medical colleague nominating a medical practitioner, please complete the **“Source of Nomination”** portion of this form on *page 3* and then forward it to the medical practitioner with a request that he or she complete and submit it to PRISMS.
2. If you are a medical practitioner who provides care and treatment to individuals with Smith-Magenis Syndrome and you would like to be considered for inclusion in PRISMS referral database, please complete this nomination form below and return it together with your CV by email to info@prisms.org with subject line **“PRISMS Medical Database.”**

NOMINEE INFORMATION:

Please attached your business card here or complete the contact information below. Required fields are noted with an asterisk (*). Please print all information in BLOCK LETTERS.

*Name: _____

*Practice Name: _____

*Primary Office Address:

*Business Phone: _____

Fax Number: _____

*Email Address: _____

I would like my email address added to the referral database.

Do not include my email address in the referral database, I would like to receive emails from PRISMS Board of Directors and Staff only.

Website: _____

*Board Certifications:



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*I treat (check all that apply):

- Adults
- Children

*Do you accept appointments by referral only? Yes No

*I have treated:

- Smith-Magenis Syndrome Estimated # Cases _____

Please send me informational brochures that I can place in my office? Yes No

<p>SOURCE OF NOMINATION: <i>To be completed by parent/caregiver or medical colleagues nominating medical practitioners for inclusion in PRISMS referral database.</i></p> <p>Name: _____</p> <p>Email Address: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>The nominator is a:</p> <ul style="list-style-type: none"><input type="checkbox"/> Parent/caregiver of a patient of the nominee medical practitioner<input type="checkbox"/> Medical colleague of the nominee medical practitioner <p>The PRISMS Board of Directors and Professional Advisory Board are authorized to contact me should there be any question or need for additional information regarding the nominee.</p> <p>_____ (initial here)</p>
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PRISMS Board of Directors appreciates very much your interest in the referral database. All nominations will be carefully and thoughtfully reviewed by the Professional Advisory Board.

Questions? Please contact PRISMS at info@prisms.org