

UPMC Pinnacle

Lead Poisoning Prevention and Education Program

Referral/Notification Form

Case #

Date:

Child's Name:

DOB:

Gender:

MA, Yes or no:

Name of MCO-

ID Number-

Lead (Pb) Level:

Venous or Cap:

Race:

Ethnicity (Hispanic Y/N):

Address:

Parent/Guarantor Name:

Parent/Guarantor DOB:

Phone Number:

Employment Status:

Referral:

Phone:

Doctor Name/Organization:

Address:

Comments/Concerns: (i.e. Language?, Emergency Phone #?)

CPT Code- T1029

Primary Dx Code- R78.71

Ordering Physician and NPI #:

Lead Nurse Signature/Date-

Please also fax copies of the patient's insurance card front and back

****PLEASE FILL OUT AS MANY UNDERLINED AREAS AS POSSIBLE AND FAX TO # 717-221-5277****