

UPMC

Case#

Lead Poisoning Prevention and Education Program Referral/Notification Form

MRN#

Date of Notification:

Child's Name:

DOB:

Gender:

Medical Assistance:

Yes

No

Race:

Ethnicity:

Insurance Provider:

ID Number:

Lead (Pb) Level:

Venous or Capillary:

Address:

Parent/Guarantor Name:

Parent/Guarantor DOB:

Phone Number:

Email:

Referring Organization:

Address:

Phone:

Ordering PCP:

Address:

Email/Fax #:

Comments/Concerns/Additional info (Preferred language, communicable disease status, etc.):

CPT Code: T1029

Primary Dx Code: R78.7