

# Lead, Hematocrit, Hemoglobin Fax Cover Sheet



CONFIDENTIAL

To: \_\_\_\_\_ Fax: \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

Re: Lab results-lead/hct/hgb Pages: \_\_\_\_\_

Urgent  For Review  Please Comment  Please Reply

To: \_\_\_\_\_

Regarding: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The last well child exam for this child did not include a blood lead screening result. Early Learning, along with the Medicaid EPSDT program, requires all program children to receive a blood lead test between 36 and 72 months - if there is no written documentation that the child received one at 12 and 24 months. Also required is a screening for anemia between the ages of 2 and 5. Please fill out the information below for our records. (HIPAA form attached)

Blood Lead Test has been done  Yes  No      If no, please perform test at next visit

Date of Blood Lead Test: \_\_\_\_\_ Result: \_\_\_\_\_

Date of last HCT/HGB: \_\_\_\_\_ Result: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by fax to: \_\_\_\_\_

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