

# Phototherapy Referral

Please call (800) 940-5151 before faxing to ensure delivery.

Fax: (800) 676-3127

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gestational Age: \_\_\_\_\_ Length: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent's Name: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother's DOB: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

Address (incl. apt. #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell or Work Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## PLEASE ATTACH INSURANCE INFORMATION

Diagnosis:  Hyperbilirubinemia  Other: \_\_\_\_\_

Is infant COOMB'S Positive?  Yes  No

Current Total Bilirubin Level: \_\_\_\_\_ When Drawn? \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Report Bili Levels to: \_\_\_\_\_ Phone/pager: ( ) \_\_\_\_\_

## PHOTOTHERAPY ORDERS (CHOOSE ONE):

Single Phototherapy with suitcase  Single Phototherapy with blanket  Double Phototherapy

## HOME HEALTH ORDERS:

R.N. to teach/train Phototherapy set-up  No nursing needed (see below\*)

## LAB ORDERS:

Total Bili Level  Direct Bili Level  HGB/HCT  CBC

R.N. to Draw  Levels to be drawn in M.D. office  Levels to be drawn in Outpatient Lab

**Above orders to be repeated daily until infant is discharged from Home Health.**

*\* If no nursing follow-up is ordered, by checking this box, the physician is signifying that patient's Bili level is below 19, and physician is aware that there will be no nursing follow-up after initial call by MCO Triage or Specialty Nursing Triage to verify equipment was delivered and set up.*

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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BC080585-1008



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