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INFORMATION IS TIME SENSITIVE - PLEASE FAX TO (302) 661-7227

_____ I am seeing this child regularly and have arranged for and assume responsibility for follow-up. I will **NOTIFY** the parent that a repeat screen needs to be done.

_____ If the repeat screen was done after date of this letter, please note date of repeat: _____

If a repeat screen was done *outside of Delaware*, please fax a copy of the results to the Delaware Newborn Screening Program at (302) 661-7227.

_____ I am not seeing this child:

_____ The child has transferred to another physician whose name and address is:

_____ According to our records, last known address and telephone number is:

_____ I have no record of this child.

Additional Comments:

Form Completed by: _____
Name/Title

If you have any questions, call the Newborn Screening Program office at 302-744-4544 or toll free 1-800-262-3030. Thank you for the information.

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