

ID LABEL OR BABY'S INFO		MOM'S INFORMATION		SCREENING RESULTS		RISK FACTORS		FOLLOW-UP APPT		COMMENTS	
Baby's First: Baby's Last: DOB: Birth Order (If multiple): Birth Hospital: MR#		Mom's First: Mom's Last: Mom's SSN:	Date Screened:		Family History		Date:				
			RIGHT EAR		LEFT EAR		PPHN				
			Pass	Pass	ECMO		Time:				
			Refer	Refer	Exchange Transfusion for Hyperbilirubinemia		Location:				
			Method Right	Method Left	Low Birth Weight						
			OAE	OAE	NICU						
Baby's First: Baby's Last: DOB: Birth Order (If multiple): Birth Hospital: MR#		Mom's First: Mom's Last: Mom's SSN:	Date Screened:		Family History		Date:				
			RIGHT EAR		LEFT EAR		PPHN				
			Pass	Pass	ECMO		Time:				
			Refer	Refer	Exchange Transfusion for Hyperbilirubinemia		Location:				
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