



Elevated Lead Level Reporting Form

Current Date: _____

Child's Name: _____ Child's Date of Birth: _____

Lead Blood Level: _____ VENOUS CAPILLARY

Date of Blood Collection: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Phone Number: _____

Language Spoken: English Spanish Other _____

Insurance: Medicaid Keystone First Health Partners Private/Other _____

Insurance ID #: _____

Physician's Name: _____

Physician's Phone Number: _____

Name of person reporting the lead level: _____

Additional information:

SUBMIT INFORMATION TO:

Area of the County	Email	Fax	Phone
Eastern Montgomery County	NODWG@montcopa.org	215-784-5524	215-784-5415
Central Montgomery County	NODNT@montcopa.org	610-278-5116	610-278-5117
Western Montgomery County	NODPT@montcopa.org	610-970-5048	610-970-5040