

Facility Name	Contact Name	Phone Number	FAX Number
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Birth Notification Form

****COMPLETE ALL FIELDS FOR PROMPT PROCESSING****

**** TYPE ALL INFORMATION OR PRINT LEGIBLY****

Mother First Name		Last	
ID Number	Birth Status	Admission Date	Delivery Type
000 - _____ - 00	<input type="checkbox"/> Seriously Ill <input type="checkbox"/> Expired after live birth	<input type="checkbox"/> Mom Discharged w/baby <input type="checkbox"/> Stillbirth	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section
Birth Type	EDC	Discharge Date	Extended Stay
<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> # of births: _____	____/____/____ M Day YR	____/____/____ M Day YR	<input type="checkbox"/> Anticipated <input type="checkbox"/> Not Expected <input type="checkbox"/> Other Information: _____

Baby First Name		Middle		Last	
Date of Birth	Gender	Birth Order	Extended Stay	Transfer Date	Facility Name
____/____/____ M Day YR	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> # ____ of ____	<input type="checkbox"/> Anticipated <input type="checkbox"/> Not Expected	____/____/____ M Day YR	

Mother First Name		Last	
ID Number	Birth Status	Admission Date	Delivery Type
000 - _____ - 00	<input type="checkbox"/> Seriously Ill <input type="checkbox"/> Expired after live birth	<input type="checkbox"/> Mom Discharged w/baby <input type="checkbox"/> Stillbirth	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section
Birth Type	EDC	Discharge Date	Extended Stay
<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> # of births: _____	____/____/____ M Day YR	____/____/____ M Day YR	<input type="checkbox"/> Anticipated <input type="checkbox"/> Not Expected <input type="checkbox"/> Other Information: _____

Baby First Name		Middle		Last	
Date of Birth	Gender	Birth Order	Extended Stay	Transfer Date	Facility Name
____/____/____ M Day YR	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> # ____ of ____	<input type="checkbox"/> Anticipated <input type="checkbox"/> Not Expected	____/____/____ M Day YR	

FAX FORM TO INTAKE DEPT: (612) 884-2499 INTAKE PHONE LINE: (612) 676-6705 OR (877) 447-4384