

Ohio Newborn Screening Program: Medical Provider Registry



Please complete, print, and return to the Newborn Screening Program (NBS) via fax **(614) 644-4648**. If a practitioner sees pediatric patients at multiple offices, please complete a separate form for each office.

Date Form Completed: _____

Practitioner's Name: _____

Practitioner's NPI Number: _____

Practice Name: _____

Mailing Address: Attn: _____

City

State

Zip Code

Phone Number: _____ **Ext:** _____ **Alternate Phone:** _____ **Ext:** _____

List the best number for contacting your practice with abnormal NBS results or with questions regarding patients

Fax #: _____ **Is this a HIPAA secured fax?** ☐ Y ☐ N

List the best number for faxing your practice's NBS results and information about NBS program updates

Email Address: _____