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**PHYSICIAN ORDER FORM
POSTPARTUM / NEWBORN HOME VISIT REFERRAL**

Patient Name:

Date:

Maternal Indications:

V24.2A	Follow up, Postpartum
V67.09AC	Follow up C/S
V24.1A	PP Care of Lactating Woman
676.80B	Breastfeeding Difficulty
648.44B	PP Depression, Blues
648.24A	Maternal Anemia
CODE	Endometritis
CODE	Wound infection
V58.49L	Post-Op Wound Evaluation
642.44A	Preeclampsia postpartum
642.34A	Transient HTN, postpartum
648.81A	Gestational DM

Other:

Neonatal Indications:

V20.2A	Well Child Physical
V24.1C	Breastfeeding
779.3A	Feeding Problem, Newborn
783.21C	Abnl. Loss of Weight
775.5A	Neonatal Dehydration
774.6B	Neonatal Jaundice
773.1A	ABO Hemolytic Disease
770.89A	Respiratory Distress, Neonatal
764.00A	SGA
780.91A	Fussy Infant

Other:

M.D. Signature: _____