



Qhov Chaw Saib Xyuas Ntaub Ntawv Kho Mob
 200 University Avenue East, mail stop 205515
 St. Paul, MN 55101
 Xov Tooj: (651) 312-3122
 XA DUAB FAX: (651) 229-3888

Tus Neeg Mob Lub Npe: _____ Tus Neeg Mob Hnub Yug: _____

Naj Npawb Ntaub Ntawv Kho Mob: _____

****Thov xa ib daim luam txog daim ntawv no thaum thov tau ntaub ntawv kho mob****

Kuv pom zoo rau lawv muab tej ntaub ntawv thiab lwm cov ntawv rau tus neeg/cov neeg uas sau tseg nram qab no:

<input type="checkbox"/> Xa mus RAU Gillette Children's Specialty Healthcare Tus Kws Kho Mob Uas Thov: _____	<input type="checkbox"/> Xa los NTAWM Gillette Children's Specialty Healthcare RAU: _____
Lub Npe: _____	
Tsev Kho Mob: _____	
Chaw Nyob: _____	
Nroog: _____ Xeev: _____ Naj Npawb Cheeb Tsam (Zip): _____	
Xov Tooj: _____ XA DUAB FAX (yog tias paub): _____	
<input type="checkbox"/> Tso Lus Yuav Hais Lus Qhia Mus Xwb, rau: _____	

Cov Ntaub Ntawv uas yuav Muab: Khij cov npov nram qab no uas piav tias yuav muab tej ntaub ntawv twg rau tej hnub twg:

Pib thaum: _____ **mus rau** _____

<input type="checkbox"/> Txhua Yam Tseem Ceeb – (Nov hais txog txhua yam nram qab no los sis khij tej qhov xwb) <input type="checkbox"/> Ntawv Qhia Txog Kev Tawm <input type="checkbox"/> Ntawv Qhia Txog Kev Phais <input type="checkbox"/> Ntawv Qhia Txog Kev Kuaj Ib Ce thiab Zaj Keeb Kwm <input type="checkbox"/> Ntawv Qhia Txog Kev Kuaj Mob Sab Nraum Lub Tsev Kho Mob <input type="checkbox"/> Ntawv Qhia Txog Kev Thaij Duab – (Xoo fais fab, CT, MRI, thiab ntxiv)	<input type="checkbox"/> Ntawv Qhia Txog Kev Kuaj Ntshav Kuaj Zis <input type="checkbox"/> Ntawv Qhia Txog Kev Coj Nqaij Mus Kuaj <input type="checkbox"/> Ntawv Qhia Txog Cov Kws Kho Mob Tej Kev Kuaj Mob <input type="checkbox"/> Tej Kev Kuaj Mob Tshwj Xeeb <input type="checkbox"/> Lwm Yam – (Thov qhia seb xav tau cov ntawv twg) <input type="checkbox"/> Kev Thaij Duab – (Xoo fais fab, CT, MRI, thiab ntxiv) <input type="checkbox"/> Ntawv Qhia Txog Kev Tawm Ntawv Tsev Kho Mob <input type="checkbox"/> Ntawv Qhia Seb Loj Hlob Li Cas <input type="checkbox"/> Tsev Kawm Ntawv/Kev Kawm/IEP <input type="checkbox"/> Tej Yam Ntawm Fais Fab (duab, vis dis aus, los sis lwm yam kev thaij duab) <input type="checkbox"/> Ntawv Qhia Txog Kev Qoj Tes Taw, qhia seb xav tau dab tsi: <input type="checkbox"/> Qoj Tes Taw <input type="checkbox"/> Xyaum Ua Ub Ua No <input type="checkbox"/> Xyaum Hais Lus <input type="checkbox"/> Xyaum Tej Kev Ua Si <input type="checkbox"/> Lwm Yam: _____
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* Yuav tsis muab tej yam nqam qab no tsuas yog tus neeg mob los sis tus neeg saib xyuas sau nws cov tsiaj ntawv ntawm nws lub npe rau ntawm no:
 _____ Ntawv Qhia Txog Kev Tawm _____ Ntawv Qhia Txog Kev Kuaj _____ Kab Mob AIDS _____ Kev Quav Dej Cawv thiab
 Rau Kev Kho Sab Paj Hlwb/Tus Neeg Xo Sab Paj Hlwb /HIV Tshuaj Phem
 Sau Kev Pab

Thov sau qhia seb yog tias muaj lwm txoj kev txwv li cas: _____



Yuav muab cov Ntaub Ntawv vim yog tej lub ntsiab no: *Khij cov npov yog thiab qhia lwm yam uas xav tau*

Yuav Kho Mob Ntxiv Mus
 Isalas
 Kev Hais Plaub Ntug
 Yus Lub Neej
 Kev Kawm Ntawv

Lwm Yam, sau qhia seb yog li cas: _____

- Kuv to taub tias kuv muaj cai tshem txoj kev tso lus no thaum twg los tau yog tias kuv UA NTAWV TSHEM TAWM.
- Kuv to taub tias txoj kev tshem no yuav tsis muaj qab hau hais los txog tej ntaub ntawv uas twb faib tau lawm vim kuv twb ua daim ntawv tso lus no lawm.
- Ib daim luam txog daim ntawv tso lus no yuav muaj cai ib yam nkaus li daim tseem ntawv.
- Kuv to taub tias thaum twb muab tau tej ntaub ntawv lawm vim ua daim ntawv tso lus no, Gillette Children's Specialty Healthcare tiv thaiv tsis tau seb cov neeg ntawd muab faib rau lwm tus neeg.
- Kuv to taub tias Gillette Children's Specialty Healthcare pauv tsis tau lawv txoj kev kho kuv, kev them nqis, kev ua ntaub ntawv los sis puas tsim nyog txais tau kev pab nyob ntawm seb kuv puas kam xees npe rau daim ntawv no.
- **Kuv to taub tias tej zaum lawv yuav sau nqi vim lawv Muab Ntaub Ntawv rau lwm tus neeg raws li Minnesota txoj Kev Cai 144.292. Tsis sau nqi dab tsi yog tias muab cov ntaub ntawv rau lwm cov tsev kho mob.**

Daim ntawv tso lus no yuav tas kas nuv IB XYOOS ntawm hnuv uas xees npe rau daim no tsuas yog hais txog txoj kev kho mob mus ntxiv. Tej ntaub ntawv uas yuav muab no tsuas yog cov ntaub ntawv ua ntej hnuv uas xees npe no.
(Yuav tsum ua txhua txoj kab lus)

 Tus Neeg Mob/Niam Txiv/Tus Neeg Saib Xyuas

 Tsiaj Ntawv

 Sib Txheeb Li Cas**

 Hnuv Tim

 ** Tej zaum yuav tsum muaj puav pheej uas qhia tias yus yog tus Neeg Saib Xyuas

----- (Office Use Only) -----

Date Received: _____ Date Processed: _____ Request Completed by: _____