

Date Ordered: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OKLAHOMA STATE DEPARTMENT OF HEALTH**

**SUPPLY ORDER FORM**

**OSDH Central  
Office Use Only**

Catalog #	Description	Number of brochures desired	Number Shipped	Control
P-652 <b>English Version</b>	<b>Protect Your Baby From Hidden Disease</b> <i>Important Information about the Newborn Metabolic Disorder Screening Test</i>			
P-652A <b>Spanish Version</b>	<b>Protect Your Baby From Hidden Disease</b> <i>Important Information about the Newborn Metabolic Disorder Screening Test in Spanish</i>			
P-530 <b>English Version</b>	<b>Oklahoma Newborn Hearing Screening</b> <i>Educational brochure about newborn hearing screening</i>			
P-530A <b>Spanish Version</b>	<b>Oklahoma Newborn Hearing Screening</b> <i>Educational brochure about newborn hearing screening in Spanish</i>			
P-531 <b>English Version</b>	<b>Newborn Pulse Oximetry Screening</b> <i>For Critical Congenital Heart Disease (CCHD)</i>			
P-531A <b>Spanish Version</b>	<b>Newborn Pulse Oximetry Screening</b> <i>For Critical Congenital Heart Disease (CCHD)</i>			

Freight Bill # \_\_\_\_\_

**Please fax order to: 405-900-7556**  
**Attention: Newborn Screening Program**  
 Phone: 405-426-8220 or 800-766-2223

Order filled by: _____	Shipped by: _____
Date: _____	Date: _____
Signature: _____	