

Date Ordered: _____ Organization: _____

Contact Person: _____ Mailing Address: _____

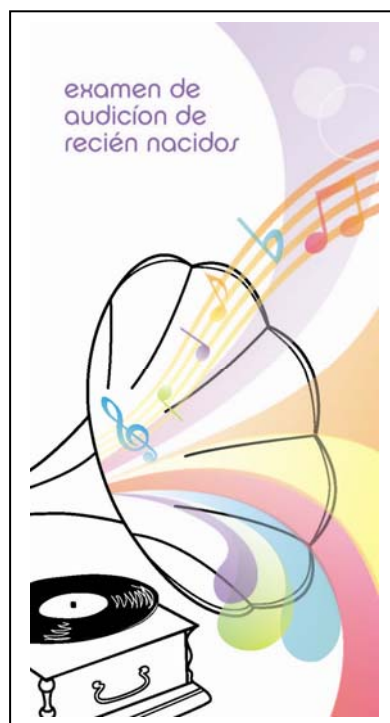
Telephone: _____ City: _____ Zip: _____

OKLAHOMA STATE DEPARTMENT OF HEALTH

NSP BROCHURE ORDER FORM

OSDH Central
Office Use Only

Catalog #	Description	Number of brochures desired	Number Shipped	Control
P-530 English Version	Oklahoma Newborn Hearing Screening <i>Educational brochure about newborn hearing screening</i>			
P-530A Spanish Version	Oklahoma Newborn Hearing Screening <i>Educational brochure about newborn hearing screening in Spanish</i>			



Freight Bill # _____

Please fax order to: 405-271-4892
Attention: Newborn Screening Program

Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299

Phone: 405-271-6617 or 800-766-2223

Order filled by: _____

Date: _____

Signature: _____

Shipped by: _____

Date: _____

ODH Form No. 15