



Newborn Screening Program Order Form

Please Print and Fill Out the Following Information Completely.

Please See the Unit Quantities and Maximums and Enter Your Requirements Accordingly.

Incomplete Information Will Cause a Delay in Processing Your Order.

Date of Request	Requestor's Area Code & Telephone Number	Requestor's Area Code and Fax Number
Organization or Agency		
Number & Street Address		Room No./Floor
City	State	Zip Code
Ship to the Attention of (Name)		Department
Date Order Received @ NBS	Date Order Sent	By

These Items will be shipped directly from Standard Register

Item Number	Brochure or Item Name	No per Unit Maximums	Unit	Units Ordered	Units Shipped
NBS-PB	Newborn Screening: A Guide for Parents (English/Spanish)	100/Pkg <i>Max: 10 Pkgs.</i>	Pkg.		
NBS-EHDI01	Universal Newborn Hearing Screening (English/Spanish) for Hospitals	25/Pkgs. <i>Max: 10 Pkgs.</i>	Pkg.		

These Items will be shipped from Newborn Screening

Item Number	Brochure or Item Name	No per Unit Maximums	Unit	Units Ordered	Units Shipped
	Arizona Pediatric Audiology Guidelines	<i>Max: 2</i>	Ea.		
	"Loss and Found" Parent Hearing Screening Video	<i>Max: 1</i>	Ea.		
	Infant Hearing Guide for Healthcare Providers "Pocket Guide"	<i>Max: 2</i>	Ea.		
	Hearing--Guide By Your Side "Follow Through Guides for Families"	<i>Max: 50</i>	Ea.		
	Sickle Cell Trait--Advice at a Glance	<i>Max: 50</i>	Ea.		

You May Fax or Mail Your Order to the Newborn Screening Program:

FAX YOUR ORDER TO:	MAIL YOUR ORDER TO:
(602) 364-1495	Arizona Department of Health Services Attn: Newborn Screening Program 250 N. 17th Ave., 1st Floor Phoenix, AZ 85007-3231
If You Have Any Questions, Please Call (602) 364-1409 or 1-800-548-8381 (outside Phoenix area) Please Allow Two (2) Weeks for Your Order to be Processed and Shipped	