

INJURY PREVENTION SERVICE VIDEO ORDER FORM

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

There is no charge for these items.

Video ID#	Video Title	Date of Use

I understand the content of the videos is the sole responsibility of the authors and do not necessarily represent the views of the Injury Prevention Service. I agree to return the videos by the due date.

Signature: _____

**Injury Prevention Service
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117-1299
405/271-3430 or 800/522-0204 (in Oklahoma)
Fax: 405/271-2799**

<http://www.health.state.ok.us/program/injury/index.html>

For OSDH Use only:

Date Order Rec'd:	Date Filled:	Date Mailed:
Filled by:	Return Due Date:	Borrower ID: