

Date Ordered: _____ Organization: _____

Contact Person: _____ Mailing Address: _____

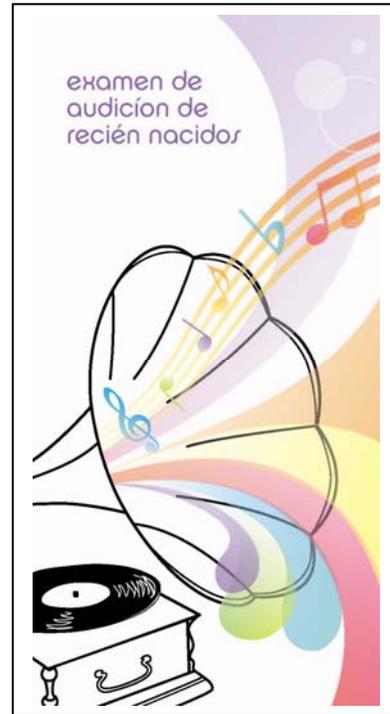
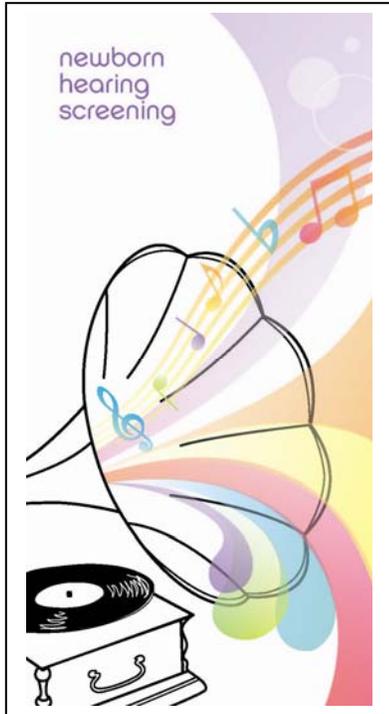
Telephone: _____ City: _____ Zip: _____

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: | Shipped by: |
| Date: | |
| Signature: | |

ODH Form No. 15