

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 English Version	Protect Your Baby From Hidden Disease <i>Important Information about the Newborn Metabolic Disorder Screening Test</i>			
P-652A Spanish Version	Protect Your Baby From Hidden Disease <i>Important Information about the Newborn Metabolic Disorder Screening Test in Spanish</i>			
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>			
P-531 English Version	Newborn Pulse Oximetry Screening <i>For Critical Congenital Heart Disease (CCHD)</i>			
P-531A Spanish Version	Newborn Pulse Oximetry Screening <i>For Critical Congenital Heart Disease (CCHD)</i>			

Freight Bill # _____

Please fax order to: 405-271-4892
Attention: Newborn Screening Program
 Phone: 405-271-6617 or 800-766-2223

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