

CLINIC MATERIAL ORDER FORM



NH Healthy Lives
BREAST AND CERVICAL CANCER PROGRAM

DATE:

CONTACT:

(IN CASE OF QUESTIONS REGARDING ORDER)

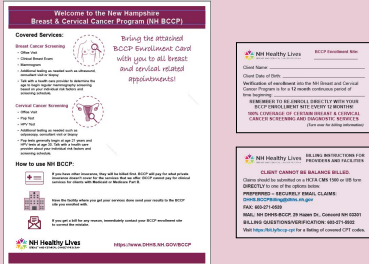



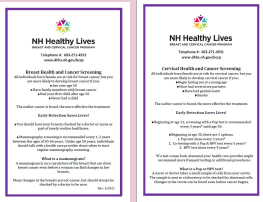
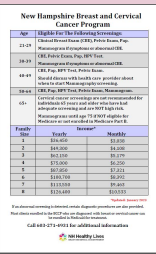
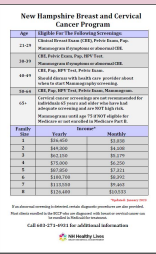

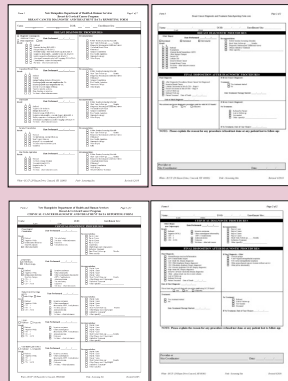
PHONE:

EMAIL:

SHIP TO:

THERE IS NO CHARGE TO ORDER THESE FORMS.

Email completed form to:
gscomp@leg.state.nh.us

QUANTITY	CLINIC MATERIALS	# OF PACKS	DATA FORMS (2 PART NCR)
	<p>ENROLLMENT FLYER & CLIENT ID CARD</p>  <p>COVERED SERVICES</p> 	<p>(50 PER PACK)</p> <p>ENGLISH</p> <p>SPANISH</p> <p>PORTUGUESE</p>	<p>ENROLLMENT FORM</p>  <p>CONSENT FORM</p> 
<p>ENGLISH</p> <p>SPANISH</p>	<p>SCREENING RECOMMENDATIONS</p>  <p>FPL CHART</p>  <p>LAMINATED</p> 		<p>SCREENING FORM</p>  <p>DIAGNOSTIC FORMS</p>  <p>BREAST</p> <p>CERVICAL</p>
<p>DATE PRINTED GRAPHIC SERVICES USE ONLY</p> <p>DATE SHIPPED TRACKING INFO.</p>			