



ORDER SHEET FOR EPSDT FORMS

Provider: _____

Office Contact: _____ Group: _____

Office Address: _____

Office Phone Number: _____ Office Fax Number: _____

Ship to Address (if different from above): _____

City: _____ State: _____ Zip: _____

Date Requested: _____

PLEASE INDICATE THE NUMBER OF PACKETS (25 FORMS) NEEDED FOR EACH AGE GROUP LISTED.
A MAXIMUM OF 5 PACKETS FOR EACH AGE GROUP WILL BE ALLOWED PER ORDER.

Quantity		Quantity	
_____	2 - 5 Days	_____	3 Years
_____	1 Month	_____	4 Years
_____	2 Months	_____	5 Years
_____	4 Months	_____	6 Years
_____	6 Months	_____	7 - 8 Years
_____	9 Months	_____	9 - 12 Years
_____	12 Months	_____	13 - 17 Years
_____	15 Months	_____	18 - 21 Years
_____	18 Months		
_____	24 Months		

**Fax Completed Request to:
602.529.7465**

Orders are shipped weekly on Friday afternoon.
Please note: Wednesday, 1:00 pm is the cut off time to receive orders for shipment on Friday.
Orders received after 1:00 pm Wednesday will ship the following Friday.