



REQUEST FOR ADMINISTRATIVE FORMS AND INFORMATION MATERIALS

State Form 53274 (R3 / 7-15)

Early Hearing Detection and Intervention – Universal Newborn Hearing Screening

Date: _____
(month, day, year)

Name of Hospital / Birthing Facility / Clinic _____

Address _____
(Number and Street)

(City, State, and ZIP Code)

Name of Contact Person _____

Telephone Number _____

E-mail Address _____

Please send the requested items listed below to the address indicated above.

<u>Stock Number</u>	<u>Items</u>	<u>Unit of Measure</u>	<u>Number of Units</u>
	CDHHE/EHDI Consent to Release Packet	Packet	
	EHDI Family Connect Postcard - English	100/Package	
	EHDI Family Connect Postcard – Spanish	100/Package	
ISDH9368	EHDI Referral Brochure – English	100 / Package	
ISDH9369	EHDI Referral Brochure – Spanish	100 / Package	
ISDH9386	EHDI General Brochure – Spanish	100 / Package	
ISDH9387	EHDI General Brochure – English	100 / Package	

If you need assistance, please call 317-233-1264 or 888-815-0006.

or

E-mail or fax your request to:

grmedina@isdh.in.gov

Fax: 317-925-2888

ISDH Office Use

Order received _____

Order filled _____

Request number _____

Signature _____