



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>
	EHDI Family Connect Postcard - English	10/Package	
	EHDI Family Connect Postcard – Spanish	10/Package	
ISDH9368	EHDI Referral Brochure – English “What if My Baby Needs More Testing” (tri-fold)	100/Package	
ISDH9369	EHDI Referral Brochure – Spanish (tri-fold)	100/Package	
ISDH9386	EHDI General Brochure – Spanish (single page)	100/Package	
ISDH9387	EHDI General Brochure - English “Hearing Screening Results” on front “Who, What, Why” on back (single page)	100/Package	

If you need assistance, please call 317-232.0176

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 _____