



EPSDT ORDER FORM

Office Contact: _____ Group: _____

Office Address: _____

Office Phone Number: _____ Office Fax Number: _____

Ship To Address (if different from above): _____

City: _____ State: _____ Zip: _____

Date Requested: _____

Provider Rep: _____

Please indicate the number of packets (ea packet contains 25 forms) needed for each age group. A maximum of 4 packets per age group is allowed per order.

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

**Fax Completed Request
to: 602.244.2092**

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