



REQUEST FOR ADMINISTRATIVE FORMS AND INFORMATION MATERIALS

State Form 53274 (R / 7-12)

Early Hearing Detection and Intervention – Universal Newborn Hearing Screening

Date: _____
(month, day, year)

Name of Hospital/Birthing Facility _____

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>
ISDH9300	Reciprocal Consent to Release	PKG	
ISDH9368	EHDI Referral Brochure – English	PKG	
ISDH9369	EHDI Referral Brochure – Spanish	PKG	
ISDH9386	EHDI General Brochure – Spanish	PKG	
ISDH9387	EHDI General Brochure – English	PKG	
	Delta Zeta and NCHAM Sound Beginnings Video on DVD (English - 3 copies max.)		
	Delta Zeta and NCHAM Sound Beginnings Video on DVD (Spanish - 3 copies max.)		
	Hands & Voices Loss & Found DVD (includes English and Spanish on one DVD)		

If you need assistance, please call 317-233-1254 or 888-815-0006.

or

Mail or fax your request to:
Indiana State Department of Health
Newborn Screening Programs
Early Hearing Detection & Intervention Program
2 North Meridian Street, 7F
Indianapolis, IN 46204
Fax: 317-234-2995

ISDH Office Use

Order received _____

Order filled _____