

**2008 FAX Product Order Form**

Practitioner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ To: Sharyn Dodge, RHIT  
 Department: Quality Management  
 City, State, and Zip: \_\_\_\_\_ FAX: (810) 720-7788  
 Phone: (810) 230-2117  
 Attn: \_\_\_\_\_

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Please send my office the following products:

HEALTH AND LIFESTYLES					
	Product	Quantity		Product	Quantity
1.	SMOKER Identification Stickers 250 per roll.	__ Rolls	2.	NON-SMOKER Identification Stickers 250 per roll.	__ Rolls
FORMS/PATIENT EDUCATION					
3.	Advance Directive Stickers 250 per roll	__ Rolls	4.	Advance Directive Form	
5.	Adult Immunization/Health Cards 250 per package	__ Pkgs	6.	Adult Immunization Record for charts (Stickers) 250 per package	__ Pkgs
7.	Guide to Breast Self-Examination Limit 150		8.	Patient Notification of Test Results 250 per package	__ Pkgs
9.	On Anticoagulant Therapy stickers for charts limit 100		10.	Reports Reviewed/Patient Notified Stamp one per Practitioner	
11.	Diabetic foot stamp one per Practitioner				