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| **DEPARTMENT OF HEALTH SERVICES**Division of Enterprise ServicesF-80025A (07/2018) | **STATE OF WISCONSIN** |
| **FORMS / PUBLICATIONS ORDER** |
| Name – Requester/Contact | Name – Business or Agency |
|       |       |
| Street Address (*Packages will not be delivered to PO Boxes*) | Street Address Line 2 |
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| City | State | Zip Code |
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| Date Requested | Phone Number – Requester | Email Address – Requester |
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| **INSTRUCTIONS FOR COMPLETION:** Do not order more than a **3- to 6-month** supply. **Order quantity by each, not carton or box.** |
| Quantity *(each)* | Form / Publication Number | Form / Publication Title |
|       | P43081 | Diabetes Self-Care Guide, English |
|       | P43081s | Diabetes Self-Care Guide, Spanish |
|       | P43081h | Diabetes Self-Care Guide, Hmong |
|       | P49357 | Personal Diabetes Care Record (Wallet Card), English |
|       | P49357s | Personal Diabetes Care Record (Wallet Card), Spanish |
|       | P00246 | Blood Sugar Log Booklet, English |
|       | P00246s | Blood Sugar Log Booklet, Spanish |
|       | F43009 | Emergency Action Plan for Students with Diabetes |
|       | F43013 | Diabetes Medical Management Plan |
|       |       |       |
|       |       | Wisconsin Chronic Disease Prevention Program diabetes publications not listed above are available for download at: |
|       |       | www.dhs.wisconsin.gov/diabetes/index.htm |
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| **INSTRUCTIONS FOR SUBMISSION:** Select the appropriate email below, attach this completed order form, and send. You will receive an emailed response once your order has been processed.  |
| Send **ALL** order requests (**EXCEPT** Vital Records and WIC) to:**DHSFMORDER@dhs.wisconsin.gov** |
| Vital Records **(DPH)** | **DHSFMDPHBHIP@dhs.wisconsin.gov**608-266-1373 | WIC **(DPH)** | **DHSFMDPHWIC@dhs.wisconsin.gov**608-266-9824 |