|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Enterprise Services  F-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 | | | |
|  | | | | | |  | | | |
| City | | | | | | | | State | Zip Code |
|  | | | | | | | |  |  |
| Date Requested | | | Phone Number – Requester | | Email Address – Requester | | | | |
|  | | |  | |  | | | | |
| **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 | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
| **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**](mailto:dhsfmorder@dhs.wisconsin.gov?subject=Forms/Publications%20Order) | | | | | | | | | |
| Vital Records **(DPH)** | | [**DHSFMDPHBHIP@dhs.wisconsin.gov**](mailto:DHSFMDPHBHIP@dhs.wisconsin.gov?subject=Forms/Publications%20Order)608-266-1373 | | | | | WIC **(DPH)** | [**DHSFMDPHWIC@dhs.wisconsin.gov**](mailto:DHSFMDPHWIC@dhs.wisconsin.gov?subject=Forms/Publications%20Order)608-266-9824 | |