

Perinatal Hepatitis B Brochure & Badge Buddy Order Form

Please print clearly and minimize use of abbreviations

Name: _____

Organization: _____

Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Approximate number of **BROCHURES** requested: _____

Approximate number of **BADGE BUDDIES** requested: Pediatrics _____ OBGYN _____ Labor & Delivery _____

Shipping information if different than above

Name: _____

Organization: _____

Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

You can fax, email or mail this order form to the address below

Louisiana Department of Health
Office of Public Health
Immunization Program
1450 Poydras St.; Ste 1938 New
Orleans LA 70112
andria.carter@la.gov
Fax: 844-904-0929
Ph: 504-568-2600