Perinatal Hepatitis B Brochure 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: __________________________

Shipping information if different than above

Name: ____________________________________________________________

Organization: ______________________________________________________

Department: ______________________________________________________

Address: __________________________________________________________

City: ___________________________ State: _______________ Zip Code: __________

You can mail this order form to the address below or fax it to:

Department of Health and Hospitals
Office of Public Health
Immunization Program
1450 L and A Road
Metairie, LA  70001
Fax: 504-838-5206
Ph: 504-838-5300

For additional information and brochures, refer to

http://www.dhh.louisiana.gov/index.cfm/page/1003