



**Maryland Department of Health and Mental Hygiene
Center for Immunization
Health Education Materials Order Form**

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Order Date _____

To order: fax this form to 410-799-1370 or call 410-799-1940

Please print clearly. All orders shipped via UPS ground. Please allow 1 week for delivery.

| Item | Item | Order Limit | Quantity |
|--|--|--------------------|----------|
| Booklets | | | |
| B102 | All Kids Need Hepatitis B | — | |
| B103 | Shots Your Child Needs | 50 | |
| B104 | Shots Your Child Needs - Spanish | 50 | |
| B106 | About Hepatitis A | — | |
| B107 | About Hepatitis B | — | |
| B108 | About Hepatitis B - Spanish | — | |
| B110 | Call For A Flu Shot Today! | — | |
| B114 | Hepatitis B For Older Children | 50 | |
| B115 | Hepatitis C – You May Be At Risk | 25 | |
| B116 | Living With Chronic Hepatitis C | 25 | |
| B117 | Get Tested For Hepatitis C | 25 | |
| B118 | Hepatitis C Prevention – English | 25 | |
| B119 | Hepatitis C Prevention – Spanish | 25 | |
| B120 | Hepatitis C – Remember To Ask Your Doctor | 25 | |
| B121 | Living With Chronic Hepatitis B | 25 | |
| B122 | Prevent Hepatitis B – Get Vaccinated | 25 | |
| B123 | Prevent Hepatitis A | 25 | |
| B124 | Living With Chronic Hepatitis B - Spanish | 25 | |
| Forms | | | |
| F100 | Immunization Record (Black Book) | — | |
| F101 | Adult Immunization Cards | 200 | |
| F102 | DHMH Form 896 - Immunization Certificate | — | |
| F103 | Maryland Recommended Vaccination Schedule | 3 | |
| F105 | Vaccine Administration Record | 200 | |
| Posters | | | |
| P101 | Anatomic Sites for Immunizations | 2 | |
| P102 | Fight Hepatitis B | 1 | |
| P103 | Maryland Immunization Best Practices | 2 | |
| Vaccine Information Statements - Additional languages are available upon request. | | | |
| V100 | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Multiple Vaccine VIS (optional substitute for any or all of the routine birth-6 month vaccine VISs - DTaP, IPV, Hib, PCV, Hepatitis B, and Rotavirus) | 1 camera-ready set | |