**ILLINOIS EARLY HEARING DETECTION AND INTERVENTION PROGRAM ORDER FORM**

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| **Order Date**  |   | **Birth Facility Contact’s****Phone Number**  |   |
| **Birth Facility and Department**  |   |
| **Mailing Address**  |   |
| **City, State, Zip**  |   |
| **Birth Facility Contact’s Name**  |   | **Birth Facility Contact’s****E-Mail Address**  |   |

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| **Form Number** | **Form/Product Description** | **Unit** | **# Packages** |
| **43.00**  | **Information for Parents (Newborn Hearing Screening General Brochure) English on front/Spanish on back**  | 100/pkg  |   |
| **43.01**  | **Next Steps for Newborn Hearing Screening Follow-up (Parent Instructions) English on front/Spanish on back**  | 50/pkg  |   |
| **43.12**  | **Early Hearing Detection Results Card (1-3-6 Screening Results)**  | 100/pkg  |   |
| **43.12S**  | **Early Hearing Detection Results Card (1-3-6 Screening Results) Spanish**  | 50/pkg  |   |

**Newborn Hearing Screening Brochures are available in multiple languages at: www.illinoissoundbeginnings.org. These brochures may be printed on demand.**

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| **Order by Mail:**  | **Order by Fax:**  | **Order by E-Mail:**  |
| **Early Hearing Detection and Intervention** **Illinois Department of Public Health****535 West Jefferson, 2nd Floor****Springfield, IL 62761****Main Telephone Line: 217-782-4733** | **Fax: 217-557-5324****ATTN: EHDI Staff** | **DPH.Newbornhearing@illinois.gov** |

 **Please allow 4 – 6 weeks for delivery.**

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|  | **FOR STATE USE ONLY**  |  |
| **Order Received:**  | **Date Shipped:**  | **Shipper’s Initials:**  |

**Visit:** **www.illinoissoundbeginnings.org** **for more information.**