

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>