

PATIENT HANDOUTS REQUEST FORM

Practice Name _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____ Date _____

Patient Handouts: Indicate the number of packets (25 per packet) needed for each patient handout. Email completed form to Ask-PSC@bcbsal.org.

A Healthy Plate for a Healthy Weight
FYH-188



Packets Needed _____

Case Management: Making Hard Times Easier for You
MKT-143



Packets Needed _____

Chronic Condition Management
FHV-20



Packets Needed _____

Colorectal Cancer: Are You at Risk?
FYH-185



Packets Needed _____

Diabetes: Know the Warning Signs
FYH-2



Packets Needed _____

Exercise: Make Time for it
FYH-14



Packets Needed _____

Get Healthy Get Immunized
FYH-12



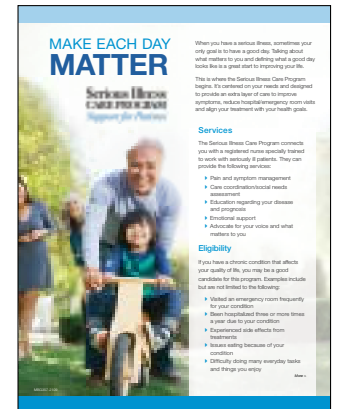
Packets Needed _____

High Blood Pressure: What You Should Know
FYH-36



Packets Needed _____

Make Each Day Matter: Serious Illness Care Program
MBG-357



Packets Needed _____

Patient Handouts: Indicate the number of packets (25 per packet) needed for each patient handout.

HPV Vaccine
MBR-20260



Packets Needed

Lifestyle Rx for a Healthy Pregnancy - Baby Yourself
PRV-20458



Packets Needed

Lifestyle Rx for Health Coaching
PRV-20459



Packets Needed

Lifestyle Rx for Managing Chronic Conditions
PRV-20460



Packets Needed

Lifestyle Rx for Serious Illness Care
PRV-20484



Packets Needed

Know Where to Go
FYH-400



Packets Needed

myBlueWellness
FYH-279



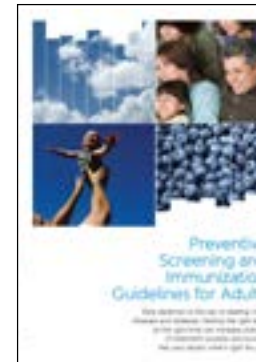
Packets Needed

Physical Activity for the Family
FYH-268



Packets Needed

Preventive Screening & Immunization Guidelines for Adults
FHV-51



Packets Needed

Talking About Your Health
PRV20485



Packets Needed

Email completed form to Ask-PSC@bcbsal.org.

Allow 4 to 6 weeks for delivery.