PATIENT HANDOUTS REQUEST FORM

| Practice Name | | | | | |
|--|---|--|---|--|--|
| Mailing Address | | | Dity | 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 | Blood Pressure Log PRV-20797 | Case Management MKT-143 | Chronic Condition Management FHV-20 | Colorectal Cancer: Are You at Risk? FYH-185 | |
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| Packets Needed | Packets Needed | Packets Needed | Packets Needed | Packets Needed | |
| Diabetes: Know the Warning Signs FYH-2 | Exercise: Make Time for it FYH-14 | Get Healthy Get Immunized FYH-12 | High Blood Pressure: What You Should Know FYH-36 | Make Each Day Matter: Serious Illness Care Program MBG-357 | |
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Allow 4 to 6 weeks for delivery.

