

To Order Materials:

- Photocopy this form and keep original for future orders
- Fill out required information
- Fax to: 402-471-6446 OR
Mail to: Nebraska Cardiovascular Health Program
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026



- We apologize for any inconvenience, however, we can only distribute to those who reside in Nebraska.

Date: _____

Name of Business: _____

Name of Person Requesting Materials: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

I would like to order a sample pack of materials in English Spanish

English Materials

QTY. 50/pack

- _____ pack(s) Stroke Brochure
- _____ pack(s) Heart Attack Brochure
- _____ pack(s) Women & Heart Disease Brochure
- _____ pack(s) Blood Pressure Brochure
- _____ pack(s) Cholesterol Brochure
- _____ pack(s) FAST Stroke Brochure
- _____ pack(s) FAST Bookmarks

QTY. 100/pack

- _____ pack(s) Blood Pressure Record Cards

QTY. 50/pad (8.5 x 11 fact sheets)

- _____ pad(s) BP control for African Americans
- _____ pad(s) BP Control: Young Adults
- _____ pad(s) BP control for Midlife Adults
- _____ pad(s) BP control & Physical Activity
- _____ pad(s) BP control: What you should know

QTY. Individual

- _____ FAST Stroke Posters
- _____ Peripheral Artery Disease Poster
- _____ Guide to Living with Heart Disease
- _____ Guide to Lowering Blood Pressure
- _____ Hope (Stroke Recovery Guide)

Spanish Materials

QTY. 50/pack

- _____ pack(s) Stroke Brochure
- _____ pack(s) Heart Attack Brochure
- _____ pack(s) Women & Heart Disease Brochure
- _____ pack(s) Blood Pressure Brochure
- _____ pack(s) Cholesterol Brochure
- _____ pack(s) FAST Stroke Brochure

QTY. 100/pack

- _____ pack(s) Blood Pressure Record Cards

QTY. 50/pad (8.5 x 11 fact sheets)

- _____ pad(s) Healthy Eating (DASH)
- _____ pad(s) BP Control & Physical Activity
- _____ pad(s) BP control: What you should know

QTY. Individual

- _____ FAST Stroke Posters
- _____ Peripheral Artery Disease Poster

** What will you be using the materials for (health fair, screenings, conference booth, patient education, etc.)? _____

** Will the materials serve minority populations and/or Medicaid recipients? YES NO

Thank you for your order! Please allow 7-10 business days for delivery.
Questions or Comments? Please email: CVHProgram@dhhs.ne.gov