



# ORDER FORM

**Please complete and fax to Nebraska Early Hearing Detection and Intervention Program at 402-471-1863**

(PRINT CLEARLY)

Hospital \_\_\_\_\_

Shipping Address \_\_\_\_\_

Street address

City

ZIP Code

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

FAX# \_\_\_\_\_

E-Mail \_\_\_\_\_

## **Nebraska Early Hearing Detection and Intervention Program Literature Requests:**

I. "Can Your Baby Hear?"

II. "Your Baby Needs Another Hearing Screening"

**Qty\***

**Qty\***

**Qty\***

**Qty\***

I

II

English

I

II

Arabic

Spanish

Russian

Vietnamese

Nuer (*Sudanese*)

French

Dinka (*Sudanese*)

Chinese

Anuak (*Sudanese*)

**\*QTY= QUANTITY**

The above information will be used to assist in the efficient distribution of Nebraska Early Hearing Detection and Intervention Program Literature order and important communication issues regarding all Nebraska Early Hearing Detection and Intervention Program updates.

**Your assistance in providing this information to better serve you is greatly appreciated.**

If you have questions, please contact the Nebraska Early Hearing Detection and Intervention Program at 402-471-6770 or E-mail us at [newborn.screening@nebraska.gov](mailto:newborn.screening@nebraska.gov)

**FAX to (402) 471-1863**