



MEDICAID ELIGIBLE Order Form

For office use only

► **REMINDER:** Kits ordered using this form are to be distributed to **Medicaid eligible families only**. Kits may be purchased for other clientele at \$10 each. Free brochures are available with order forms that may be distributed to non-Medicaid eligible families for individual purchases.

NOTE: Kits must be ordered by the carton. (10 kits/carton)



Qty

_____ cartons of 10 New Infants Kits (RDG1F)
for Michigan Medicaid eligible only

_____ pkg of 25 R.E.A.D.Y. Product Brochures
w/order form (RD121)

**Fax completed order form to 989-774-3943
or mail to address below.**

Educational Materials Center
139 Combined Services Bldg.
Central Michigan University
Mt. Pleasant, MI 48859

For order information,
phone 1-800-214-8961.
Sorry, verbal telephone
orders cannot be accepted.
Please use fax or mail.

Ship to address: (No Post Office Box)

Dist/Org _____

Attn: _____

Address: _____

City/St/Zip _____

Phone _____

Fax _____

E-mail _____

FOR OFFICE USE ONLY

PO #: RD _____ DATE RECEIVED _____

MAIL

FAX

CLOSED:

BILL TO: READY SHIP TO: _____