**A picture containing text, clipart

Description automatically generatedILLINOIS EARLY HEARING DETECTION AND INTERVENTION PROGRAM ORDER FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Order Date** |  | **Birth Facility Contact’s**  **Phone Number** |  |
| **Birth Facility and Department** |  | | |
| **Mailing Address** |  | | |
| **City, State, Zip** |  | | |
| **Birth Facility Contact’s Name** |  | **Birth Facility Contact’s**  **E-Mail Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Form Number** | **Form/Product Description** | **Unit** | **# Packages** |
| **43.00** | **Information for Parents (Newborn Hearing Screening General Brochure) English on front/Spanish on back** | 100/pkg |  |
| **43.01** | **Next Steps for Newborn Hearing Screening Follow-up (Parent Instructions) English on front/Spanish on back** | 50/pkg |  |
| **43.12** | **Early Hearing Detection Results Card (1-3-6 Screening Results)** | 100/pkg |  |
| **43.12S** | **Early Hearing Detection Results Card (1-3-6 Screening Results) Spanish** | 50/pkg |  |

**Newborn Hearing Screening Brochures are available in multiple languages at: www.illinoissoundbeginnings.org. These brochures may be printed on demand.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Order by Mail:** | **Order by Fax:** | **Order by E-Mail:** | |
| **Early Hearing Detection and Intervention**  **Illinois Department of Public Health**  **535 West Jefferson, 2nd Floor**  **Springfield, IL 62761**  **Main Telephone Line: 217-782-4733** | **Fax: 217-557-5324**  **ATTN: EHDI Staff** | | [**DPH.Newbornhearing@illinois.gov**](about:blank) |

**Please allow 4 – 6 weeks for delivery.**

|  |  |  |
| --- | --- | --- |
|  | **FOR STATE USE ONLY** |  |
| **Order Received:** | **Date Shipped:** | **Shipper’s Initials:** |

**Visit:** [**www.illinoissoundbeginnings.org**](about:blank) **for more information.**