





DPH IMMUNIZATION PROGRAM

CT WiZ HANDOUT & RECORD BOOKLET ORDER FORM FOR CT BIRTHING HOSPITALS



All materials are free of cost, please allow 2 weeks for processing and delivery.

		Number of Forms
	<p>CT WiZ Handout Please include the CT WiZ Handout in the birth packets for parents to take home. This information sheet replaced the old CIRTS enrollment form and comes bi-lingual in English and Spanish.</p>	
	<p>NEW! My Child's Immunization Record A pocket-sized personal 6-page booklet for parents to keep track of their child's shots and other routine tests during a child's checkup. Contains important phone numbers for Connecticut resources.</p>	

For additional Educational Materials Order Forms, visit:

<https://portal.ct.gov/DPH/immunizations/immunization-information-for-health-professionals>.

TO PLACE YOUR ORDER

Save this order form to your computer, fill it out, and submit it by
fax: **860-707-1925** or email to: rachel.reynolds@ct.gov

In case we have questions about your order, please **type/print** your email and phone number:

Email: _____

Phone Number: _____

**THE BOX BELOW IS USED AS THE SHIPPING LABEL.
PLEASE PRINT CLEARLY AND PROVIDE MAIL STOPS OR FLOOR/AREAS.**

SHIPPING LABEL	
Date of Order:	_____
Birthing Hospital Name:	_____
Address:	_____ _____
Attn:	_____