

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
TO AND OF CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE	CT WiZ Handout Please include the CT WiZ Handout in the birth packets for parents to take home. This information sheet comes bi-lingual in English and Spanish.	
My charty Immunication Record (business of the state of	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.	

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 a Helpdesk ticket to the Immunizations Program with your completed form attached:

https://dph-cthelpdesk.ct.gov/Ticket

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

DI E	THE BOX BELOW IS USED AS THE <u>SHIPPING LABEL</u> . ASE PRINT CLEARLY AND PROVIDE MAIL STOPS OR FLOOR/AREAS
PLE	SHIPPING LABEL
Date of Order: _	
Birthing Hospital	Name:
Address:	
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Attn:	