





# 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><b>CT WiZ Handout</b> Please include the CT WiZ Handout in the birth packets for parents to take home. This information sheet comes <b>bi-lingual in English and Spanish</b>. <b>*Note:</b> Additional language translations can be found on our website: <a href="#">Notice to Patients About Reporting to CT WiZ</a> If you need DPH to print and ship copies in additional languages, please make a note of the language(s) and quantity desired in your helpdesk ticket.</p>	
	<p><b>My Child's Immunization Record</b> 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. This booklet comes <b>bi-lingual in English and Spanish</b>. <i>Updated in Jan 2024</i></p>	

For additional Educational Materials Order Forms, visit:

<https://portal.ct.gov/immunization/Providers-Landing-Page> (in the Patient Education section)

### **\*\*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:

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:	_____