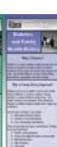


Please circle the number of copies you are requesting.



	<p>Resources for Families of Infants and Toddlers with Special Health Needs - DCH-0951 http://www.michigan.gov/documents/ResourcesforFamiliesBD_121537_7.pdf</p>	<p># of copies: 1 50 100 ____</p>
	<p>Having a Healthy Baby – What every Michigan family needs to know. http://www.michigan.gov/documents/BirthDefectsPrevention1_79184_7.pdf</p>	<p># of copies: 1 50 100 ____</p>
	<p>Michigan Genetic Counseling Services: A Guide for Families and Professionals http://www.michigan.gov/documents/Genetics_Services_Brochure_121521_7.pdf</p>	<p># of copies: 1 50 100 ____</p>
	<p>Michigan Newborn Screening Program: A First Step to Your Baby's Health English: http://www.michigan.gov/documents/newborn_screening_broc_110897_7.pdf Spanish: http://www.michigan.gov/documents/newborn_screening_broc-SP_2_161633_7.pdf Arabic: http://www.michigan.gov/documents/newborn_screening_A_2_161628_7.pdf</p>	<p># of copies: 1 50 100 ____ 1 50 100 ____ 1 50 100 ____</p>
	<p>Look and Feel Your Best with Folic Acid http://www.michigan.gov/documents/FolicAcidPamphlet_150656_7.pdf</p>	<p># of copies: 1 50 100 ____</p>
	<p>The Birds and the Bees... and Diabetes Fact Cards English: http://www.michigan.gov/documents/mdch/DiabetesTeensFactCard_281491_7.pdf Spanish: http://www.michigan.gov/documents/mdch/Teen_Diabetes_spanish_fact_card_381440_7.pdf</p>	<p># of copies: 1 50 100 ____ 1 50 100 ____</p>
	<p>Family Health History Fact Cards Asthma Diabetes Heart Disease Osteoporosis</p>	<p># of copies: 1 50 100 ____ 1 50 100 ____ 1 50 100 ____ 1 50 100 ____</p>
	<p>Informed Consent for Genetic Testing Booklet http://www.michigan.gov/documents/InformedConsent_69182_7.pdf</p>	<p><input type="checkbox"/> 1 (call for other quantities)</p>
<p>MAIL OR FAX THIS FORM TO:</p>	<p align="center">Michigan Department of Community Health (MDCH) Genetics and Newborn Screening Program P.O. Box 30195, Lansing, MI 48909</p> <p align="center">FAX TO: 517-335-9790 PHONE: 517-335-8887 or Toll Free 1-866-852-1247</p>	

Name _____

Organization: _____

Phone: (_____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____