

THE WOMAN'S RIGHT TO KNOW ACT

MATERIALS REORDER FORM

Requestor's Name:		Date Requested:	
Name of Facility:			
Address:			
City: State: Zip Code:			
Phone Number:		Email address:	
Patient Education Booklets			
The booklets can be downloaded from http://health.state.ga.us/wrtk/patienteducation.asp		Packs of 25	Indicate quantity if less than 25
<i>Abortion: A Woman's Right to Know</i>		_____ packs	
<i>El Aborto: El Derecho de una Mujer a Saber (Spanish)</i>		_____ packs	
Please indicate SHIP TO information if DIFFERENT than above:			
Name:			
Address: (Note: P.O. Box not acceptable)			
City: State: Zip Code:			
Phone:		Fax:	
For Internal DHR Use:			
Date faxed to Vendor:			
For Vender Use:			
Date shipped:	Quantity shipped:	Date documentation sent to DHR:	



Submit this form to:

Women's Health/Perinatal Services
 Georgia Department of Human Resources
 Division of Public Health
 2 Peachtree Street, NW (11th Floor)
 Atlanta, Georgia 30303
 404-657-3142 (Tel)
 404-657-3152 (Fax)
FamilyHealth@dhr.state.ga.us