

Health Care Provider Materials Request Form

Person Submitting Order:		Date:
Org Name:		email:
Mail to:		
Phone:		Fax:

QUANTITY

_____ Physicians Directory 2009-2010

_____ Provider Obesity Packet (Limit one per provider)

_____ How to Handle Childhood Emergencies & Illnesses- Limit 50 (specify if needed in Spanish)

_____ Guest Services Packet

To place an order: Fax or email to Physician Relations

Fax: (206) 985-3118

E-Mail (as an attachment): physician.relations@seattlechildrens.org

THE FOLLOWING RESOURCES ARE AVAILABLE ONLINE

Booster Seat Information
www.boosterseat.org

Child Protection Information
<http://www.seattlechildrens.org/clinics-programs/protection-program/resources/>

Consult and Referral Guidelines
<http://www.seattlechildrens.org/healthcare-professionals/access-services/ambulatory-services/consult-referral-guidelines/>

Financial Assistance for Families brochure
<http://www.seattlechildrens.org/clinics-programs/billing/>

Summer Camp Directory for Children with Special Needs and Starting Point Community Resource Guide
<http://cshcn.org/download-documents>

Water Safety Tips for Families flyer
<http://cshcn.org/planning-record-keeping/safety-tips>

When Your Child is Referred flyers
<http://www.seattlechildrens.org/healthcare-professionals/>

FOR CARE NOTEBOOKS OR CARE ORGANIZERS:
<http://cshcn.org/planning-record-keeping/care-notebook>

Please see many other child health resources at www.seattlechildrens.org