



**HEALTH-CARE PROVIDER
MATERIALS REQUEST FORM**

Name:

Date:

Practice/Clinic Name:

Mailing Address:

Person Submitting Order:

E-mail:

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)

PLEASE NOTE THE FOLLOWING RESOURCES ARE AVAILABLE ONLINE AND CAN BE PRINTED:

Financial Assistance for Families brochure

http://www.seattlechildrens.org/home/patients_families/billing.asp

Summer Camp Directory for Children with Special Needs AND Starting Point Community Resource Guide

<http://cshcn.org/download-documents>

Child Protection Information

http://www.seattlechildrens.org/our_services/protection_program/resources.asp

Consult and Referral Guidelines

http://www.seattlechildrens.org/health_care_professionals/access/ambulatory_regional.asp#referral

When Your Child is Referred flyers

http://www.seattlechildrens.org/health_care_professionals/access/ambulatory_regional.asp#referring

Water Safety Tips for Families flyer

<http://cshcn.org/planning-record-keeping/safety-tips>

Booster Seat Information

www.boosterseat.org

FOR CARE NOTEBOOKS OR CARE ORGANIZERS:

Please contact the Family Resource Center at (206) 987-2201

To Place Order:

Fax: (206) 985-3118

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