

Purchase Order Request
Please allow 7 days for processing

TO: Camie

FE Name: _____ Center: _____

Child' Name: _____ Date of Birth: _____

Medical: _____
(Clinic's Name) Appointment Date

- ___ Well child Exam – New patient at the office Y/N
- ___ Lead test
- ___ Immunizations [] 1 [] 2 [] 3 or more
- ___ Hemtocrit/Hemoglobin
- ___ PPD/ Tuberculosis test

Authorization Number

Dental: _____
(Dental Office) (Appointment Date)

- ___ Dental Exam & x-rays - New patient at this office? Y/N
- ___ Prophylaxis (cleaning)
- ___ Fluoride

Authorization Number