

DRAFT

Cardiovascular Resources Order Form

Wisconsin Cardiovascular Health Program
Department of Health & Family Services
Division of Public Health
P O Box 2659
Madison WI 53701-2659
(608) 264-3483



NO CHARGE FOR MATERIALS

<http://www.dhfs.state.wi.us/health/cardiovascular>

Other	Quantity of Each	Other	Quantity of Each
Wisconsin Lipid Communication Initiative -Communication Tool 02-03			
Laminated 1 Page Practitioner's tool			
Patient Wallet Card			
Cardiovascular Disease Surveillance Document 11/02			
Cardiovascular Health Program Fact Sheet-11/02			

Materials should be mailed to:

Name _____

Organization/Business Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Return this form to:

Rose White
Cardiovascular Health Program
P O Box 2659
Madison WI 53701-2659

**Fax: (608) 266-8925
09/02**

For Office Use Only: Date Rec'vd _____ Date Materials Sent _____ Sent By _____ Comments:
