



PHP Order Sheet for AHCCCS EPSDT Tracking Forms

Group Name _____

Physician(s) Name _____

Office Contact Name/Title _____

Office Phone _____ Office Fax _____

Ship To Address _____

City _____ State _____ Zip _____

Please indicate the number of packets (25 forms per packet) needed for each age group.
A maximum of 2 packets for each age group will be allowed per order.

_____ 2-4 Day Old	_____ 24 Month Old
_____ 1 Month Old	_____ 3 Year Old
_____ 2 Month Old	_____ 4 Year Old
_____ 4 Month Old	_____ 5 Year Old
_____ 6 Month Old	_____ 6 Year Old
_____ 9 Month Old	_____ 7 - 8 Year Old
_____ 12 Month Old	_____ 9 - 12 Year Old
_____ 15 Month Old	_____ 13 - 17 Year Old
_____ 18 Month Old	_____ 18 - 21 Year Old

(The most current AHCCCS EPSDT Tracking Forms have a revised date of November 2007 in the bottom left hand corner)

**Fax Completed Request to:
EPSDT Coordinator @ 602.674.6670**

Orders are shipped weekly on Friday afternoon.
Please note: 10:00 am Thursday is the cut off time to receive orders for shipment on Friday. Orders received after 10:00 am Thursday will ship the following Friday.

If you have questions regarding these forms or your order, please call Network Management EPSDT Coordinator directly at 602.824.3925