

## Nipissing District Developmental Screen Series ORDER FORM – Free Screens

Name of Physician Office/Organization:	Contact Person:		
	Email:		
	Phone:		
Address:	Date:		

NAME OF SCREEN					# of single sheets Ordered	QUANTITY Sent	
	English	French	Chinese	Spanish	Viet- namese		
Birth to 2 Months							
4 Months							
6 Months							
9 Months							
12 Months							
15 Months							
18 Months							
2 Years							
30 Months							
3 Years							
4 Years							
5 Years							
6 Years							
Magnet - Check out your child's development (1.5x11 inches)							
Postcard - How is your child developing? endds.ca							
TOTAL NUMBER							

Please fax completed form to: Peterborough County-City Health Unit - (705)743-2897 ATTN: Resource Management

Revised: 2014

Note: Screens are no longer available in pads, please order in single sheets.