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**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 |
| **1 & 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... (1.5 x11 inches)* | | | | | | |  |  |
| **Postcard -** *How is your child developing? endds.ca* | | | | | | |  |  |
| **TOTAL NUMBER** | | | | | | |  |  |

**Please fax completed form to:**

**Peterborough Public Health (705) 743-2897**

**ATTN: Resource Management**

**Revised: 2018**

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