A L A B A M A M E D I C A I D A G E N C Y

FAMILY PLANNING SERVICES REQUEST FOR FORMS

Provider Name: _____

Street Address: _____

City:_____ State:_____ Zip:_____ Tele:_____

Attn:_____ Date:_____

FORMS: (50 per pad) **QUANTITY**

Extended FP Counseling (Form 328) . . . . . _____

FP Assessment Record (Form 140) . . . . . _____

FP Home Visit (Form 175) . . . . . _____

FP Periodic Assessment (Form 137) . . . . . _____

FP Services Consent Form (Form 38) . . . . . _____

Information for Women-Sterilization (Form 193) . . . . . _____

Information for Men-Sterilization (Form 193) . . . . . _____

FACT SHEETS:(50 per pad)

	QUANTITY		QUANTITY
About Birth Control . **.50/pad**	_____	Diaphragm…..**25/pad**…….	_____
Abstinence…..**25/pad……**	_____	HIV and HIV Testing..**50/pad**	_____
Natural Family Planning…**25/pad**	_____	Intrauterine Device..**50/pad…**	_____
Condoms…..50/pad……..	_____	**Sterilization-Women..50**/pad	_____
Spermicides…**50/pad**…….	_____	Sterilization-Men…**25/pad**…..	_____

BROCHURES:

	QUANTITY		QUANTITY
It's Your Choice . .**100/pkg**	_____	Plan Ahead For A Healthy Baby **100/pkg**	_____

FLIERS:

	QUANTITY
Why Should I Get the HIV Test . .**50/pkg**	_____
HIV-If Your Test is Positive/If Your Test is Negative. . **100/pkg**	_____
Pregnant-If Your Test is Positive/If Your Test is Negative **100/pkg** . . .	_____

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