CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Order Form

To process your order choose one of the following methods: FAX: (916) 324-9908 or E-Mail: <u>MCEDorders@dgs.ca.gov</u>. Orders filled limited to inventory on hand.

	Single Streamline App.* Min: 100 per language Max: 1000 per language	English Quantity:	Spanish Quantity:	
	MC 219 Min: 100 per language Max: 400 per language	English Quantity:	Spanish Quantity:	
	PUB 68	English Quantity:	Spanish Quantity:	
	MC 371	English Quantity:	Spanish Quantity:	
	MC 210 RV	English Quantity:	Spanish Quantity:	
*Oth	er languages are available or	our website		
All information is <u>required</u> to process your order				
Mailing Information:		☐ Business [Residence	
Orga	nization Name:			· · · · · · · · · · · · · · · · · · ·
Deliv	very Address			
City:				
Contact Person Name:			Phone:	
Email:			Fax:	

All orders are shipped Standard Delivery (5 to 7 business days). MC 0026 (Revised 07/21)

For customer service inquiries call (833) 433-1590.