

## EPSDT supply order form

Please fax request to:

**860-975-3201**

Provider Services Department

Mercy Care

Provider office:	
Requestor name:	
Telephone number:	
Address:	

EPSDT Forms (50/Pk)	1 Pk.	2 Pk.	3 Pk.
3-5 Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nine months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Five years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-8 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-12 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-17 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-21 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>