



Health Care Agency/Public Health Services
Child Health & Disability Prevention (CHDP) Program

CHDP REORDER FORM

Please note you may only order up to **15** of the **Gateway Pre Visit** Forms. Indicate the amount you desire from 1-15 on the other column. We will only be sending out 1 copy of the TB Form and you may make the needed copies.

When using the reorder form, remember the following:

1. It is essential that your Provider **ID Number (NPI)** be written on the form.
2. The "Ship to Address" must be a street/suite address. Do not use a P.O. Box address
3. Order a 3-month supply.
4. Make a copy of the order form when it is completed and keep it in your office for reference. If your order is not returned within the 5-6 weeks delivery time, notify your local CHDP office.
5. Please direct requests for additional reorder forms or questions concerning their use to CHDP Support staff at **(714) 567-6224**.
6. Please indicate quantity desired:

Form No.	Title	100	500	1000	1500	Other (Indicate Amount)
DHS Form 4073 Revised (10/13)	CHDP Pre-Enrollment Application (Eng/Sp)					
PM 160	Confidential Screening/Billing Report (Green)					
PM 160 (Info Only)	Confidential Screening/Billing Report (Brown)					
TB Form	CHDP Chest X-Ray Referral Form					1 Copy provided, must make copies.
Gateway Post Visit	Gateway Post Visit Form (Eng/Sp)					
Gateway Pre Visit	Gateway Pre Visit Form (Eng/Sp)					
Pub 186	Parents of Infants Under One Year of Age!					

1. Please write your **Provider Number:** _____

2. Please write **Provider Name and Address:**

Attn: _____

3. Please mail to:

County of Orange/CHDP Program
P.O. Box 6099 (Bldg 50)
Santa Ana, CA 92706
Attn: Cecilia Leon

4. Or fax it to: (714) 834-7948