

WV HealthCheck Program

Provider Request Form/Exam Forms

Date: _____

Provider/Clinic Name: _____

Physical Street Address: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

OMCFH
Materials Management
900 Bullitt Street
Charleston, WV 25301
Phone: 304-558-3417

Fax or mail this form to order your materials → → →

Fax: 304-558-1524

AMT	ITEM CODE	FORMS	UNIT DESCRIPTION	AMT	ITEM CODE	FORMS	UNIT DESCRIPTION
	P901	Medical History Form Birth to 6 years	100/pad		P969	PHS 30 months	100/pad
	P902	Medical History Form 7 to 20 years	100/pad		P959	PHS 3 years	100/pad
	P928	WHO Growth Charts Girls Birth to 24 months	100/pad		P960	PHS 4 years	100/pad
	P929	WHO Growth Charts Boys Birth to 24 months	100/pad		P961	PHS 5 year and 6 year	100/pad
	P930	Growth/BMI Chart Girls 2 years to 20 years	100/pad		P963	PHS 7 year and 8 year	100/pad
	P931	Growth/BMI Chart Boys 2 years to 20 years	100/pad		P964	PHS 9 year and 10 year	100/pad
	P949	Page 3, Prior Authorization Form	100/pad		P965	PHS 11, 12, 13, and 14 years	100/pad
	P962	Preventive Health Screen Form (PHS) Newborn to 1 week	100/pad		P966	PHS 15, 16 and 17 years	100/pad
	P950	PHS by 1 month	100/pad		P967	PHS 18, 19 and 20 years	100/pad
	P951	PHS 2 months	100/pad		P968	Vaccine Administration Record	100/pkg
	P952	PHS 4 months	100/pad		P972	Toddler Poster (boy) (16 x 20)	each
	P953	PHS 6 months	100/pad		P973	Adolescent Poster (girl) (16 x 20)	each
	P954	PHS 9 months	100/pad		P974	Baby Poster (16 x 20)	each
	P955	PHS 12 months	100/pad		P975	Periodicity Poster (24 x 28)	each
	P956	PHS 15 months	100/pad		P976	HealthCheck Brochures	100/pkg
	P957	PHS 18 months	100/pad		P977	Patient Appointment Postcard	100/pkg
	P958	PHS 24 months	100/pad		P970	ASQ3 Kit and Guide <i>(limit one per order)</i>	each

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 DHHR/BPH/OMCFH/HealthCheck Revised 04-2018