

WV HealthCheck Program Provider Request Form/Exam Forms

Date: _____

Provider/Clinic Name: _____

Physical Street Address: _____

City/State/Zip: _____

Telephone: _____

Contact Person: _____

WV DHHR Materials Management

160 Jacobson Drive

Poca, WV 25159

E-mail: DHHRMaterialsManagement@wv.gov

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
	P971	Preventive Health Screening Forms (PHS) Source Page	each		P966	PHS 15, 16 and 17 years	100/pad
	P962	Preventive Health Screening Form (PHS) Newborn to 1 week	100/pad		P967	PHS 18, 19 and 20 years	100/pad
	P950	PHS by 1 month	100/pad		P968	Vaccine Administration Record	100/pkg
	P951	PHS 2 months	100/pad		P903	ACE's One Pager	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				

E-mail or Mail this form to DHHR Materials Management to order your items