



Nirav R. Shah, M.D., M.P.H.
Commissioner

Arlene González-Sánchez
Commissioner

ORDER FORM FOR PRESCRIPTION DRUG MISUSE MATERIALS







To place an order, please complete the attached form and send your request to:

PUBLICATIONS
NYS Department of Health
Distribution Center
21 Simmons Lane
Menands, NY 12204

OR
fax the order form to:
(518) 465-0432

Materials sent to addresses within New York State are provided free of charge. Orders outside of New York State will be charged a fee for shipping and handling. Bulk orders cannot be shipped to Post Office Boxes.

If you have questions, please call (518)-465-8170.

	TITLE	PUBLICATION #	CIRCLE QUANTITY
	Prescription Drug Misuse... A Household Problem	1087	25 50 100 200
	Prescription Safety	1088	25 50 100 200
	How to Know... I think my child is using alcohol and/or drugs	1089	25 50 100 200
	Medicine Cabinet Inventory	1090	25 50 100 200
	Protect Your Children: Information for Parents	1092	25 50 100 200
	Stop Prescription Pain Medication Misuse	0266	25 50 100 200

NAME	DATE / /
EMAIL ADDRESS	
ORGANIZATION	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	()
FAX NUMBER	()

