



Inventory and Order Form

Date Order Placed: _____

Health Centre: _____

Mailing Address: _____

Public Health or Immunization Nurse Name: _____

Contact Information: _____ (phone) _____ (fax)

_____ (Email)

PHN/CHN: Please Fill Out Below		Coordinator Only (List # of Each Title Sent)
		Date Order Filled:
Last year's total # births		
# of Prenatal/Newborn Books on Hand		
# of 6 Month Books on Hand		
# of 12 Month Books on Hand		
# of 18 Month Books on Hand Circle which languages you would like: Cree Dene Michif		
# of 4 Year Books on Hand		

Every 6 months (or when book inventory is getting low) please fax or email this sheet into the Population Health Promotion Coordinator. Please contact the Population Health Promotion Coordinator if you have any questions. More information and forms are also available at www.nhcp.ca

Regards,

Keane Plamondon

Population Health Promotion Coordinator (On behalf of the Northern Healthy Communities Partnership) Phone: (306) 425-8520

Fax: (306) 425-8550

Email: nhcp@saskhealthauthority.ca; or Keane.Plamondon@saskhealthauthority.ca

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