



**PASADENA CHDP ORDER REQUEST FORM**

Date Ordered: \_\_\_\_\_

Quantity (Indicate Amounts):

\_\_\_\_\_ DHS 4073- "New" CHDP Pre-Enrollment Application (specify language: Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Spanish, or Vietnamese)

\_\_\_\_\_ PM 160 Confidential Screening Billing Report

\_\_\_\_\_ PM 160 (Information Only) Confidential Screening Billing Report

\_\_\_\_\_ CHDP Envelopes

**The following MUST be completed to assure no delays**

Ship To:

\_\_\_\_\_  
Name of Provider, School, or Organization

\_\_\_\_\_  
Street Address, Suite, Room #

\_\_\_\_\_  
City, State, and ZIP Code

\_\_\_\_\_  
Attention to Whom with Phone Number

\_\_\_\_\_  
Provider Number



**Fax completed form to (626) 744-6111. Telephone orders will not be accepted.**

**PLEASE ALLOW 4-6 WEEKS FOR DELIVERY.  
This order form is only for Pasadena CHDP Providers.**

1845 N. Fair Oaks Ave. Room 1136  
Pasadena, CA 91103  
(626) 744-6016 Fax (626) 744-6111