

**To Place Orders**  
 Phone: 301-496-6308  
 Fax: 301-496-4450

National Library of Medicine  
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**INFORMATION RX ORDER FORM  
 MEDLINEPLUS MATERIALS**

**AMERICAN COLLEGE OF PHYSICIANS CUSTOM MATERIALS**

<b>Product Description</b>	<b>Product Code</b>	<b>Quantity</b>
Rx Pad (order limit 25 pads)	RXP	
Rx Pad with health topics (order limit 25 pads)	RXPHT	
Poster 8.5x11" (order limit 25 posters)	POS	
Tear Pad to attach to poster (order limit 75 pads)	TEAR	
Bookmark (order limit 10 packs, 50 bookmarks/pack)	RXBK	
Health Record Card (order limit 10 packs, 50 cards/pack)	HLTHREC	

**AMERICAN OSTEOPATHIC ASSOCIATION CUSTOM MATERIALS**

<b>Product Description</b>	<b>Product Code</b>	<b>Quantity</b>
Rx Pad (order limit 25 pads)	RXPB	
Poster 8.5x11" (order limit 25 posters)	POSB	
Tear Pad to attach to poster (order limit 75 pads)	TEARB	
Bookmark (order limit 10 packs, 50 bookmarks/pack)	RXBKB	
MedlinePlus Referral Card	RXCDB	
Health Record Card (order limit 10 packs, 50 cards/pack)	HLTHREC	

**NATIONAL MEDICAL ASSOCIATION CUSTOM MATERIALS**

<b>Product Description</b>	<b>Product Code</b>	<b>Quantity</b>
Rx Pad (order limit 25 pads)	RXPN	
Poster 8.5x11" (order limit 25 posters)	POSN	
Tear Pad to attach to poster (order limit 75 pads)	TEARN	
Bookmark (order limit 10 packs, 50 bookmarks/pack)	RXBKN	
MedlinePlus Referral Card (order limit 10 packs, 50 cards/pack)	RXCDN	

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**AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS CUSTOM MATERIALS**

Product Description	Product Code	Quantity
Rx Pad (order limit 25 pads)	RXPP	
Poster 8.5x11" (order limit 25 posters)	POSP	
Tear Pad to attach to poster (order limit 75 pads)	TEARP	
Bookmark (order limit 10 packs, 50 bookmarks/pack)	RXBKP	
MedlinePlus Referral Card (order limit 10 packs, 50 cards/pack)	RXCDP	
Health Record Card (order limit 10 packs, 50 cards/pack)	HLTHRECP	

**GENERIC MATERIALS (NO MEDICAL ASSOCIATION CUSTOMIZATION)**

Product Description	Product Code	Quantity
Rx Pad (order limit 25 pads)	RXPL	
Poster 8.5x11" (order limit 25 posters)	POSL	
Tear Pad to attach to poster (order limit 75 pads)	TEARL	
Bookmark (order limit 10 packs, 50 bookmarks/pack)	RXBKL	
MedlinePlus Referral Card (order limit 10 packs, 50 cards/pack)	RXCDL	
Health Record Card (order limit 10 packs, 50 cards/pack)	HLTHREC	

**Please send my health information materials to:**

Name \_\_\_\_\_  
 Organization or Practice \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address2 \_\_\_\_\_  
 Send to the Attention of: \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Materials will be used by: (please note category that best applies)**

- |  |  |
|--|--|
| <input type="checkbox"/> ACP Member      | <input type="checkbox"/> Clinical Nurse                |
| <input type="checkbox"/> AOA Member      | <input type="checkbox"/> Public Health Professional    |
| <input type="checkbox"/> NMA Member      | <input type="checkbox"/> Other Healthcare Professional |
| <input type="checkbox"/> AAPA Member     | <input type="checkbox"/> Health Sciences Library       |
| <input type="checkbox"/> Other Physician | <input type="checkbox"/> Public Library                |