



**Baltimore County Department of Health
Cancer Program
Literature and Program Information Request Form**

Quantity

Educational Literature

- _____ **Maryland Breast and Cervical Cancer Screening Brochure**
 _____ English
 _____ Spanish

- _____ **Baltimore County Cancer Program Brochure (Colon)**
 _____ English
 _____ Spanish
 _____ Korean

- _____ **Baltimore County Cancer Program Brochure (Breast & Cervical)**
 _____ English
 _____ Spanish
 _____ Korean

- _____ **No Cost Colon Cancer Screening Coupon Booklet (50 coupons)**
 _____ English
 _____ Spanish

- _____ **No Cost Mammogram/PapTest/Breast Exam Coupon Booklet (50 coupons)**
 _____ English
 _____ Spanish

- _____ **No Cost Colorectal, Breast and Cervical Cancer Screening Poster**

- _____ **Early Detection is Key Bookmarks**

Program Information

Contact us to schedule a program orientation and clinical overview

**Organization/
Practice** _____

Ordered by _____

Address _____

City _____ **Zip** _____

Phone Number _____ **Fax** _____

**Please return literature request and program information form to:
Fax 410.377.8104
Sarah Platt Public Health Educator
Baltimore County Department of Health
Cancer Programs**

Received _____ Completed _____ Completed by _____