



Massachusetts College of Pharmacy and Health Sciences

**DO YOU KNOW PATIENTS WHO NEED HELP PAYING FOR THEIR MEDICATION?
 REFER THEM TO MASSMEDLINE FOR ASSISTANCE**

Materials Order Form

| Description | Amount | Office Use Only |
|-------------------------|--------|-----------------|
| English Brochure | | |
| Spanish Brochure | | |
| Chinese Brochure | | |
| Vietnamese Brochure | | |
| Haitian Creole Brochure | | |
| Portuguese Brochure | | |
| Refrigerator Magnets | | |
| Referral Bookmarks | | |
| Wallet Medication Cards | | |

Name: _____ Title: _____

Pharmacy: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

How did you hear about MassMedLine? ___ Outreach Mailing _____

INTERESTED IN COLLABORATING WITH MASSMEDLINE COMMUNITY OUTREACH AND PATIENT EDUCATION?

WOULD YOU LIKE AN IN-SERVICE FOR YOUR STAFF ON PRESCRIPTION ISSUES?

Proposed Date of Presentation: _____

Location: _____ Topic: _____

Audience: _____ # Participants Expected _____

All materials are provided free to residents of Massachusetts

Fax Orders to: MassMedLine
 508-373-0032

MassMedLine is a public service of the Massachusetts College of Pharmacy and Health Sciences and the Commonwealth of Massachusetts Executive Office of Elder Affairs.