

NHLBI Asthma Clinical Guidelines Flip Chart Request Form

Please answer the following questions and sign the request form in order to receive free copies of the NHLBI Asthma Clinical Guidelines Flip Charts.

Name of Physician/Person requesting flip chart: _____

Name of Office/Clinic: _____

Physical Address of Office/Clinic: _____

Shipping Address of Office/Clinic: _____

Phone Number: (xxx-xxx-xxxx) _____

Email: _____

Specialty(ies) of physician(s) requesting charts: _____

How many charts are you requesting? _____

How many physicians in your practice will be utilizing the charts? _____

On average, how many asthma patients do you or physicians in your practice see per day? _____

How many asthma patients does your practice have? _____

How many exam rooms are utilized in your practice? _____

By signing this form, I certify that all Asthma Clinical Guideline charts will be utilized within a health care setting as a means for diagnosing, treating, and educating asthma patients.

Signature of physician requesting charts _____ Date: _____

Send completed request form by email or fax to:

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Fax: (334) 206-0313
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or

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