



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		
Referral Bookmarks		
Wallet Medication Cards		

Name: _____ Title: _____

Pharmacy: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

How did you hear about MassMedLine? ___ Outreach Program _____

INTERESTED IN COLLABORATING WITH MASSMEDLINE COMMUNITY OUTREACH AND PATIENT EDUCATION?

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**