



Braille Request Form

Name: _____

Cost Center: _____

Shipping Address

Street: _____

City: _____ State: _____ Zip Code: _____

Minimum order per form is five copies. Estimated delivery is 15-20 working days once order is placed.

Item Number	Item Description	Quantity
<input type="checkbox"/> CH19610000-5	Consent: Blood and / or Blood Product Transfusion(s)	5
<input type="checkbox"/> CHVD011	Consent To Admission and Treatment	5
<input type="checkbox"/> HS032	Discharge Instructions	5
<input type="checkbox"/> HS038	ID Theft Affidavit	5
<input type="checkbox"/> SYSHIPAA	Notice of Privacy Practice	5
<input type="checkbox"/> VD001	Authorization For Release Of Health Information Pursuant To HIPAA	5
<input type="checkbox"/> VD001A	Request For Confidential Communications And/Or Restrictions On Access, Use Or Disclosure Of Protected Health Information	5
<input type="checkbox"/> VD001B	Request For Facility Directory Opt-Out	5
<input type="checkbox"/> VD001D	Request For Amendment Of Protected Health Information	5
<input type="checkbox"/> VD001G	Request For An Accounting Of Disclosures Of Protected Health Information	5
<input type="checkbox"/> VD002	Consent To Blood Transfusion	5
<input type="checkbox"/> VD003	Refusal of Consent to Blood and Blood Products	5
<input type="checkbox"/> VD005	Consent For Elective Female Sterilization	5
<input type="checkbox"/> VD006	Information Sheet for Chorionic Villus Sampling	5
<input type="checkbox"/> VD007	Info for Patients w/ a Fetus in Breech/Transverse Present	5
<input type="checkbox"/> VD008	Info for Patients w/Prior Cesarean Delivery	5

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Item Number	Item Description	Quantity
<input type="checkbox"/> VD009	Info for Patients Regarding Patient-Requested Primary C-Section	5
<input type="checkbox"/> VD010	Consent To Operative/Invasive/Diagnostic Procedures, Anesthesia/ Sedation / Analgesia – Reconsideration of DNR Orders For Surgery Or Invasive Procedures (VD010/VD010A)	5
<input type="checkbox"/> VD011	Consent To Admission and Treatment	5
<input type="checkbox"/> VD012	Consent To Cardiac Catheterization and Possible Intervention	5
<input type="checkbox"/> VD013	Authorization To Be Audio/Visually Recorded	5
<input type="checkbox"/> VD014	Acknowledgment Form To Perform HIV Test	5
<input type="checkbox"/> VD017	Request to Revoke agreed upon confidential communications and/or restrictions on access, use or disclosure of PHI	5
<input type="checkbox"/> VD018	Private Payor Authorization Form	5
<input type="checkbox"/> VD019	Private Payor Authorization Form for Physician and Ambulatory Network Services	5
<input type="checkbox"/> VD020	Request to revoke agreed upon Private Payor Restrictions on disclosure of Medical Treatment Information	5
<input type="checkbox"/> VD021	Radiologic Examination and Pregnancy Information Notice for Patients	5
<input type="checkbox"/> VD022	Consent for Diagnostic Radiology Procedure During Pregnancy	5
<input type="checkbox"/> VD023	Pregnancy Testing Release Form	5
<input type="checkbox"/> VD026	Consent For Anesthesia Services	5
<input type="checkbox"/> VD027	Consent for Autopsy	5
<input type="checkbox"/> VD028	Consent For The Presence Of Company Representative and Visitors	5
<input type="checkbox"/> VD029	Information on Hepatitis C Testing	5
<input type="checkbox"/> VD030	Consent for Donations for Fecal Transfer	5
<input type="checkbox"/> VD031	Consent for Microbiotic Transfer of Fecally Derived Bacteria	5
<input type="checkbox"/> VD033	Release When Patient Leaves Hospital/Facility Against Medical Advice	5

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Item Number	Item Description	Quantity
<input type="checkbox"/> VD034	Acknowledgement of Person Receiving Newborn For Adoption Purposes	5
<input type="checkbox"/> VD035	Release of Newborn From Hospital For Adoption Purposes	5
<input type="checkbox"/> VD036	Chemotherapy/Biotherapy Consent Form	5
<input type="checkbox"/> VD037	Patient Identification Verification Form	5
<input type="checkbox"/> VD038	Consent to Continuous Audio / Video /EEG	5
<input type="checkbox"/> VD039	Pregnancy Testing Informed Consent/Agreement High Risk Medication(s) or Procedure(s)	5
<input type="checkbox"/> VD040	Consent For Hepatitis B Vaccination At Birth	5
<input type="checkbox"/> VD041	Authorization to Release Placenta	5
<input type="checkbox"/> VD1430	Health Care Proxy	5
<input type="checkbox"/> VDLIJ011A	Authorization For Release Of Information	5
<input type="checkbox"/> VD-NSB-39	Consent To Out-Of-Network Services	5
<input type="checkbox"/> VD-NSB-40	Cost Estimate for Out-of Network Services Responsibility for Non-Covered Services	5
<input type="checkbox"/> VD-NSB-41	Standard Referral Form	
<input type="checkbox"/> VD-NSB-42	Scheduled Procedures Patient Notification Form	5
<input type="checkbox"/> VD-NSB-43	Hospital Consent to Out-Of -Network Services	5
<input type="checkbox"/> VD-NSB-PI44	Hospital Health Plan Participation Statement Important Information about Paying for Your Care	5
<input type="checkbox"/> VDPI01	Parent's Discharge Checklist (ED Specific Document)	5
<input type="checkbox"/> VDPI02	Intravenous Contrast Information Sheet	5
<input type="checkbox"/> VDPI03	Patients' Bill Of Rights	5
<input type="checkbox"/> VDPI04	Parents' Bill Of Rights	5