



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building · Spring Grove Center
55 Wade Avenue · Catonsville, Maryland 21228

Assisted Living Program Cuing and Coaching Video - Order Form

Please Check One

_____ VHS

_____ DVD

If you are interested in purchasing the Assisted Living Cuing & Coaching Video, please complete this form and return it to the above-listed address. Your video will be entitled "Assisted Living Medication Training Video" when you receive it in the mail. Please allow up to a three (3) week processing time.

Also, please include a money order or business check in the amount of **\$38.00** made payable to "DHMH" for each video request. **WE CANNOT ACCEPT PERSONAL CHECKS.**

(Please **PRINT** Clearly)

Name of Care Provider: _____

Name of Assisted Living Program: _____

Mailing Address: _____

(City)

(Maryland)

(Zip Code)

Telephone Number: _____

Type of Format: _____ VHS _____ DVD

of videos requested: _____ Total Price: _____
(Make check payable to "DHMH")

(For Office Use Only – Do Not Write In This Space)

Check/Money Order Number: _____ Check Date: _____ Amount Received: \$ _____