



Member Request for Services Form

Please contact me or my office about help or resources with the following issues:

- Babies Can't Wait
- Breastfeeding
- Children 1st
- Developmental Screening & Surveillance
- EPIC (Educating Physicians In their Communities)

I'm interested in having an EPIC presentation (Free, peer-to-peer, in-office education program, and CME/CNE approved)

- Immunizations
- Breastfeeding

I'm interested in becoming an EPIC Trainer: Please contact me with details.

- Immunizations
- Breastfeeding

- GRITS (Georgia Registry of Immunization Transactions & Services)
- Immunization Issues
- Infant Feeding
- Legislative & Advocacy Issues
- Medicaid or PeachCare
- Membership
- Newborn Screening Programs (Metabolic & Hearing)
- Obesity Assessment, Treatment & Prevention
- Vaccines for Children (VFC) program
- Well Child Exams/Medicaid HealthChecks
- WIC & Nutrition Services
- Other (Please describe) _____

Your Name _____

Email: _____ Phone: _____

Practice Name: _____

Contact if other than you: _____

Please fax to the Georgia Chapter office @ 404-249-9503

For Office Use Only

Coordinator/Dept: _____ Date: _____