



MATERIALS REQUEST FORM

To order, mail or fax this form to: Prescription Advantage
P. O. Box 15153
Worcester, MA 01615-0153
Fax: 508-793-1133

Organization _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Materials needed (please specify quantity)

Applications

_____ English _____ Albanian
_____ Khmer _____ Korean
_____ Portuguese _____ Russian
_____ Vietnamese _____ Haitian-Creole
_____ Spanish _____ Chinese

Rate Schedule Guides

_____ English _____ Albanian
_____ Khmer _____ Korean
_____ Portuguese _____ Russian
_____ Vietnamese _____ Haitian-Creole
_____ Spanish _____ Chinese

Other _____

General comments or planned distribution (routine education, special event, etc.)

To check on an existing order, please fax questions to 508-793-1166 and a Prescription Advantage Representative will contact you.

Prescription Advantage is administered by the Massachusetts Executive Office of Elder Affairs

1-800-AGE-INFO (1800-243-4636) ■ TTY for the deaf and hard of hearing at 1-877-610-0241

www.800ageinfo.com