
ORDER FORM

WOMEN'S HEALTH PREGNANCY PASSPORT and BOOKMARKS

Ordering Physician / Midwife / Health Unit

Physician Midwife Health Unit Other _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

1. WOMEN'S HEALTH PREGNANCY PASSPORT

Quantities: 10 25 50 100 Other: _____

2. BOOKMARKS:

A) WOMEN'S HEALTH PREGNANCY PASSPORT

Quantities: 25 50 100 Other: _____

B) HEALTHY WEIGHTS FOR WOMEN

Quantities: 25 50 100 Other: _____

3. MATERNITY CARE PATHWAY (BCPHP Obstetric Guideline 19)

Quantities: 1 2 3 Other: _____

*** There is no cost to BC care providers for these resources. ***

Return form via fax or mail

Perinatal Services BC
West Tower, Third Floor
555 W 12 Ave
Vancouver, BC V5Z 3X7

TEL: 604.877.2121, ext. 223749

FAX: 604.872.1987

www.perinatalservicesbc.org